

APPLICATION FOR A SCIENCE EDUCATION PERMIT

United States Department of the Interior National Park Service

> OMB Control No. 1024-0236 Exp. Date 02/28/2014 Form No. 10-741b

If you are not using the automated system to prepare this application, please fill out this form and return it to the appropriate park.

All or some of the information you provide may become available to the public.

Name of the National Park System area you are applying to:	
Select one of the following: [] New application	Please enter numbers for permit renewal or modification requests: Previously assigned NPS activity number:
[] Wodification of a previously issued permit	Previously assigned NPS permit number:
Contact information for th	e activity leader (responsible official)
	Office phone #:
[Dr., Mr., Mrs., Ms.] First name: Last name:	
Mailing address	Alternative phone #:
	Office FAX #:
Name of the current institution represented	Office email address of responsible official:
Provide the first and last name of the person expected to back up the activity leader during visits to the park:	
Trovide the first and last fiame of the person expected to back up the activity feater during visits to the park.	
Proposed Science Education Activity Information	
Name or title of proposed science education activity (maximum 300 characters)	
Purpose and brief description of the activity (maximum 4000-characters)	
Proposed field methods and activities (summarize from the proposal where appropriate – maximum 4000 characters)	
Planned number of instructors and leaders: Indi	icate educational levels of this activity (select all that apply):
Planned number of students: K-6	5 7-12 Higher
Activity Schedule	Field Schedule
	te to begin activity within the park this application year:
Dat	te to end activity within the park this application year:
	mber of times the field activity will be conducted this application year:
	Il the field activity need to continue within the park next year (Yes/No):
Do you anticipate seeking any waiver of fees or other NPS assistance in conju If "Yes," please explain:	unction with this activity? (Yes or No):
Location(s) where you propose activities will take place within this National Park System area:	
Vous proposed method of access (hus you can other vehicle circreft heat anouncehile feet ether).	
Your proposed method of access (bus, van, car, other vehicle, aircraft, boat, snowmobile, foot, other):	



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Handling or Collection of Specimens

Would you like to temporarily handle or collect specimens? (Yes or No)

Paperwork Reduction Act Statement: A Federal agency may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting for this collection of information form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the forms. Your response is required in order to obtain or retain a benefit. Direct comments regarding this burden estimate or any aspect of this form to the Service Information Collection Clearance Officer, National Park Service, 1849 C Street, NW. (2601), Washington, DC 20240.

Privacy Act Notice: Scientific research, education and collecting activities within units of the National Park System that may impact parks invoke a permitting and reporting requirement per regulations at 36 CFR 1.6 (Permits), 36 CFR 2.1 (Preservation of Natural, Cultural and Archeological Resources), and 36 CFR 2.5 (Research Specimens). The National Park Service collects information about permit applicants and permittees to administer and document research, collecting, and reporting activities within parks. The information disclosed on this form is required and may result in denial of permit applications if not provided.