



MONTHLY REPORT INSTRUCTIONS COMMERCIAL USE AUTHORIZATION



[Park/Area Name]
[Name], CUA Coordinator
Phone Number: **[CUA Coordinator]**

These instructions correspond to the numbered questions in Form 10-660A below.

1. Enter your contact information as it appears on your permit.
2. Enter the service you provide as it appears on your permit.
3. Enter the number of visitors who used your service over the past month. Enter the number of trips your company made to the park over the past month; i.e., a two person backpack trip for 3 days is ONE TRIP.
4. Enter the average number of hours (for day trips) or days (for overnight trips) a customer spent in the park on one of your trips.
5. Provide details of any reportable injuries incurred by you, your employees, or clients this month.
6. Signature of business owner or authorized agent.

Attachment A: CUA Monthly Report - Sample Tables for Reporting



MONTHLY REPORT INSTRUCTIONS COMMERCIAL USE AUTHORIZATION



[Park/Area Name]
[Name], CUA Coordinator
Phone Number: [CUA Coordinator]

For /
(Month / Year)

NOTE: This form is optional and only to be used for monthly statistical reporting. A separate Annual Report is required for all CUAs.

1. CONTACT INFORMATION:

Holder Name: Contact Person (if different) Contact Person (if different)
Business Name Email (business)
Mailing Address Winter Summer
(Street Address) Email (contact person)
(City, State, Zip Code)
Phone Winter Summer Fax Winter Summer

2. SERVICES PROVIDED: (As it appears on your authorization.)

3. VISITORS AND/OR TRIPS:

Enter the number of clients serviced within the park over the past month:
Enter the number of trips (if applicable) your company made to the park over the past month:

4. LENGTH OF STAY: (If applicable)

Enter the average length of time your clients were in the park as a result of the service you provided (if applicable). For day trips, show the average number of hours that you spend in the park per trip. For overnight trips show the average number of nights that you spend in the park per trip from the first travel day to the last day exiting the park.

Average hours per trip:
(Trips that use lodging outside of the park are considered day trips.)

Average number of nights per trip:

(If provided, use table below to report monthly visitor use numbers.)

[Note: Park may modify and insert appropriate table for reporting visitor use information (See "Attachment A").

5. Did any reportable injuries occur during your trips this month? Yes No

If "Yes", please use a separate sheet of paper to report the date of the incident and a brief statement of the incident. Include a description of the activity taking place at the time of the injury, the type of injury, and the action taken to provide patient care. Please include the sex and age of the patient (omit the patient's name). A reportable injury involves any medical incident or injury requiring medical aid beyond Basic First Aid and/or when a request for medical aid/rescue assistance is made. You do not need to send in a report if you have already done so.

6. SIGNATURE: False, fictitious or fraudulent statements of representations made in this application may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All information provided will be considered in reviewing this application. Authorized Agents must attach proof of authorization to sign below.

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.

Signature Date

Printed Name

Title

NOTICES

Privacy Act Statement

Authority: The authority to collect information on the attached form is derived from 16 U.S.C. 5966, Commercial Use Authorizations.

Purpose: The purposes of the system are (1) to assist NPS employees in managing the National Park Service Commercial Services program allowing commercial uses within a unit of the National Park System to ensure that business activities are conducted in a manner that complies with Federal laws and regulations; (2) to monitor resources that are or may be affected by the authorized commercial uses within a unit of the National Park System; (3) to track applicants and holders of commercial use authorizations who are planning to conduct or are conducting business within units of the National Park System; and (4) to provide to the public the description and contact information for businesses that provide services in national parks.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C.552a(b) of the Privacy Act, records or information contained in this system may be disclosed outside the National Park Service as a routine use pursuant to 5 U.S.C. 552a(b)(3) to other Federal, State, territorial, local, tribal, or foreign agencies and other authorized organizations and individuals based on an authorized routine use when the disclosure is compatible with the purpose for which the records were compiled as described under the system of records notice for this system.

Disclosure: Providing your information is voluntary, however, failure to provide the requested information may impede the processing of your commercial use authorization application.

Paperwork Reduction Act Statement

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (54 U.S.C. 101911). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your impact to park resources and compliance with park regulations and limitations. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number.

Estimated Burden Statement

We estimate that it will take approximately 45 minutes to prepare a report, including time to review instructions, gather and maintain data, and complete and review the report. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Information Collection Officer, National Park Service, 12201 Sunrise Valley Drive, MS-242 Rm. 2C114, Reston, VA 20192. Please do not submit your form to this address, but rather to the address at the top of the form.

ATTACHMENT A

CUA MONTHLY REPORT
Sample Tables for Reporting

GUIDED HIKING:

NATIONAL PARK SERVICE [Park/Area Name] [Name], CUA Coordinator Phone Number: [CUA Coordinator]								
Commercial Use Authorization Monthly Activity Summary								
Begin Date	End Date	(3) Total Days	(4) # of Clients	(5) # of Guides	(6) Total People (4 + 5)	(7) User Days (6 * 3)	Activity	Description of Trip (Sample: Compton Trailhead to and Return.)
TOTALS:								

MULTIPLE GUIDED ACTIVITIES:

Monthly Visitor Use Statistics		
Business Name		
Year: [year]		Month: [month]
Date of Trip	Number of Trips per Day	Total Number of People per Day
1		
2		
3		
4		
5		
6		
7		
8		
9		
10 ~ 31		
TOTAL:	0	0