

APPLICATION FOR SCIENCE EDUCATION PERMIT

If you are not using the automated system supporting this report process, 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:							
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Select One of the Following: New application		Please Enter Numbers for Permit Renewal or Modification Requests: Previously assigned NPS study number:					
Renewal of a previously issued permit		Previously assigned NPS permit number:					
Modification of a previously issued permit							
	Last Name	Activity Leader (Respor		oononoihi	a Official:		
	Last Name	Office Email Address of Responsible Official:					
Mailing Address		City		State	Zip Code		
Name of the Current Institution Represented:		Office Phone	Alternative Phone	Of	fice Fax		
Provide the first and last name of the person expec	tod to back up	the activity leader duri	ng visits to the park:				
Provide the first and last hame of the person expec	ted to back up	the activity leader duri	ing visits to the park.				
Name or Title of Proposed Science Education Activ		ducation Activity Inform	nation				
Name of Title of Proposed Science Education Activ	'ity. (maximum	300 characters)					
Purpose and Brief Description of the Activity: (max	kimum 4,000 cha	aracters)					
Science Education Permit Application:							
Does our study propose to involve any of the following (check all that apply): ☐ Handle Live Vertebrates ☐ Migratory Birds ☐ Unmanned Aircraft ☐ Designated Wilderness ☐ Hazardous Activity ☐ Ground							
Disturbances							
Proposed Field Methods and Activities: (Summarize from the proposal, where appropriate - maximum 4,000 characters)							
Planned number of instructors and leaders:		Indicate advantional levels of this activity. (calcut all that apply)					
Planned number of students:		Indicate educational levels of this activity: (select all that apply)					
		☐ K-6 ☐ 7-12 ☐ Higher					
Activity Schedule Initial starting date of the activity:	-	Date to begin activity with	Field Schedule				
Estimated date the entire activity may end:		-	Pate to begin activity within the park this application year:				
Estimated date the entire activity may end.		Date to end activity within the park this application year:					
	Number of times the field activity will be conducted this application year:						
Will activity need to continue within the park next year? ☐ Yes ☐ No Do you anticipate seeking any waiver of fees or other NPS assistance in conjunction with this activity? ☐ Yes ☐ No							
If "Yes," please explain:							
Location(s) Where You Propose Activities Will Take Place Within This National Park System Area:							
Your Proposed Method of Access: (bus, van, car, other vehicle, aircraft, boat, snowmobile, foot, other)							

	Handling or Collection of Specir	mens				
Would you like to tempora	arily handle or collect specimens?					
If you respond "No," you wi	Il not be authorized to handle or collect specimens. Please sk	ip to the Certification section of	the application.			
	e complete the next section of the application before moving to		• •			
	pecimens to be handled or collected: (include taxonomic g		ial; sample size, quantity,			
frequency, and location)	,	, ,	., p , q , ,			
A) Specimens to be handled and returned unmodified to the place of collection:						
- /						
B) Specimens to be hand	lled and used up in the activity:					
Certification						
I certify that this application is accurate and complete. I understand a formal science education activity proposal may have to be provided to NPS						
before this application can be considered. I authorize the National Park Service to seek peer reviews of my proposal.						
Signature of Activity Lead	ler		Date			
FOR NATIONAL PARK SERVICE USE ONLY						
Data Bassiyad						
Date Received	Assigned Activity Number	Assigned Permit Number				

NOTICES

Privacy Act Statement

Authority: U.S.C. 100101, National Park Service Organic Act; 54 U.S.C. 100751(a), Regulations; 54 U.S.C. 100705, National Parks Omnibus Management Act, Availability of System units for scientific study.

Purpose: The two primary uses of the records maintained in the system are to administer scientific research and collecting within units of the National Park System, and to make Investigator's Annual Reports available to the public.

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 DOI as a routine use pursuant to 5 U.S.C. 552a(b)(3) to other federal, state, local, tribal or foreign governments and organizations, and members of the general public 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: Voluntary, however, failure to provide the requested information may impede the processing of your application for science education permit.

Paperwork Reduction Act Statement

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) and National Parks Omnibus Management Act of 1998 (NPOMA, P.L. 105-391, Sections, Sections 201 (4), 201 (5), and 205 which govern the use of parks for study to benefit park management and broader science, and also publication of information derived from studies conducted in the National Park System. The National Park Service collects information about permit applicants and permittees to administer and document research, collecting, and reporting activities within parks. All applicable parts of the form must be completed in order for your request to be considered. Failure to provide the information may result in denial of your permit application. A Federal agency may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned OMB Control No. 1024-0236.

Estimated Burden Statement

Public reporting burden for this form is estimated to average 1 hour per response, including the time it takes for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Comments regarding this burden estimate or any aspect of this form should be sent to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Dr. (MS-242), Reston, VA 20192. Please do not send your completed application to this address.

OMB Control No. 1024-0236

Expiration Date ##/##/20##