



## IDENTIFICATION AND CREDIT INFORMATION (BUSINESS) (Individual or Sole Proprietor)



**NPS Leasing Program  
Commercial Services Division  
1849 C Street, NW  
Washington, DC 20240**

I. IDENTIFICATION INFORMATION – INDIVIDUAL OR SOLE PROPRIETOR					
Name of Individual		Telephone Number		Alternate Number <input type="checkbox"/> Cell <input type="checkbox"/> Fax	
Tradename, if any		Tax Identification Number (TIN)		Email Address	
Address		City		State	Zip Code
Contact Person		Role in Providing Business Services			
Years in Business		Current Value of Business			
II. CREDIT INFORMATION					
1. Has Applicant ever defaulted from or been terminated from a management contract or lease, or been forbidden from contracting by a public agency or private company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide full details of the circumstances.					
2. List any Foreclosures, Bankruptcies, Transfers in Lieu of Foreclosure and/or Work-Out/Loan Modification Transactions during the past 10 years. (If none, so indicate) Attach an explanation of circumstances, including resolution, bankruptcy plan, and/or other documentation as appropriate.					
Name of Property	City, State	Property Type	Approximate Loan Amount	Lender	Year of Event
3. Describe any fines or penalties levied by government agencies during the past 10 years. (If none, so indicate)					
4. Describe any pending litigation or current lawsuits which if adversely resolved would materially impact the financial position of the Applicant.					
5. Attach: <input type="checkbox"/> Personal Financial Statements <input type="checkbox"/> Business Financial Statement for most recent 2 years <input type="checkbox"/> Current credit reports for the individual and business (if available for the business) from a major credit reporting company such					

as Equifax, Experian, or Dunn & Bradstreet.



## IDENTIFICATION AND CREDIT INFORMATION (BUSINESS) (Individual or Sole Proprietor)



NPS Leasing Program  
Commercial Services Division  
1849 C Street, NW  
Washington, DC 20240

**6. Attach Resumes of Individual as follows:**

- Name
- Address
- Telephone Number
- Fax Number
- Education, Degrees, Licenses, Designations, Special Skills
- Name of Current Employer
- Address
- Nature of Business
- Dates of Employment
- Title of Position Most Recently Held
- Description of Duties and Responsibilities (Include number of people supervised)
- Proposed Role in Lease Operations
- Qualifications for that Role
- Estimated Time per Week Dedicated to that Role

## NOTICES

### PRIVACY ACT STATEMENT

**Authority:** Title 54, National Park Service and Related Programs; and the National Environmental Policy Act of 1969.

**Purpose:** The purpose of the system is to assist, monitor, track and issue leases to individuals and businesses for National Park Service structures and land for activities that are not subject to authorization through a concession contract, commercial use authorization, or similar instrument in federally owned or administered property located within the boundaries of park areas. A leased property must be used for an activity and in a manner that is consistent with the purposes established by law for the park and be compatible with the programs of the National Park Service.

**Routine Uses:** Records or information contained in this system is not disclosed outside of the Department of the Interior except for those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act; or other authorized routine use when the disclosure is compatible with the purpose for which the records were compiled.

**Disclosure:** Voluntary, however, failure to provide the requested information may impede our ability to issue a lease contract to the individual or organization.

### PAPERWORK REDUCTION ACT STATEMENT

We collect this information under the authority of Title IV of the National Parks Omnibus Management Act of 1998 (Pub. L. 105-391). We use this information to evaluate proposals received in response to leasing opportunities. Your response is required to obtain or retain a benefit. We may not collect 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 Control No. 1024-0233.

### ESTIMATED BURDEN STATEMENT

We estimate that it will take you 10 hours to complete a standard Request for Proposal, including 2 hours to complete this form, including time to review instructions, gather and maintain data, and complete and review the form. You may send comments on the burden estimate or any aspect of this form to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive, Mail Stop 242, Reston, VA 20192. Please do not send your completed form to this address.