



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:				
Select One of the Following: <input type="checkbox"/> New application <input type="checkbox"/> Renewal of a previously issued permit <input type="checkbox"/> Modification of a previously issued permit			Please Enter Numbers for Permit Renewal or Modification Requests: Previously assigned NPS study number: Previously assigned NPS permit number:	
Contact Information for the Activity Leader (Responsible Official)				
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	Last Name	Office Email Address of Responsible Official:	
Mailing Address		City	State	Zip Code
Name of the Current Institution Represented:		Office Phone	Alternative Phone	Office Fax
Provide the first and last name of the person expected to back up the activity leader 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 4,000 characters)				
Science Education Permit Application: Does our study propose to involve any of the following (check all that apply): <input type="checkbox"/> Handle Live Vertebrates <input type="checkbox"/> Migratory Birds <input type="checkbox"/> Unmanned Aircraft <input type="checkbox"/> Designated Wilderness <input type="checkbox"/> Hazardous Activity <input type="checkbox"/> Ground Disturbances				
Proposed Field Methods and Activities: (Summarize from the proposal, where appropriate - maximum 4,000 characters)				
Planned number of instructors and leaders:		Indicate educational levels of this activity: <i>(select all that apply)</i>		
Planned number of students:		<input type="checkbox"/> K-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> Higher		
Activity Schedule		Field Schedule		
Initial starting date of the activity:		Date 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you anticipate seeking any waiver of fees or other NPS assistance in conjunction with this activity? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <i>(bus, van, car, other vehicle, aircraft, boat, snowmobile, foot, other)</i>				

Handling or Collection of Specimens		
Would you like to temporarily handle or collect specimens? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you respond "No," you will not be authorized to handle or collect specimens. Please skip to the Certification section of the application. If you respond "Yes," please complete the next section of the application before moving to the Certification section.</i>		
Scientific description of specimens to be handled or collected: <i>(include taxonomic group or name, or type of material; sample size, quantity, frequency, and location)</i>		
A) Specimens to be handled and returned unmodified to the place of collection:		
B) Specimens to be handled 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 Leader		Date
FOR NATIONAL PARK SERVICE USE ONLY		
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.