

APPLICATION FOR SPECIAL USE PERMIT FILMING, STILL PHOTOGRAPHY, AND AUDIO RECORDING (Long Form)



[PARK NAME]
[Street Address]
[City, State, Zip Code]
[Phone Number for Park Permits POC]

Please supply the information requested below. Attach additional sheets, if necessary, to provide required information. A non-refundable application fee of [insert amount] must accompany this application. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of location fees, cost recovery charges, and proof of liability insurance naming the United States of America an additional insured. Applications may not be submitted more than one year before the proposed activity including time required for set up.

* Enter either a Social Security Number OR a tax ID number; we do not require both. **Applicant Information Company/Organization Information** Company/Organization Name: Applicant Name: Tax Identification Number*: Social Security Number*: Street Address: Street Address: City: City: State: State: Zip Code: Zip Code: Country: Country: Telephone Number: Telephone Number: Cell Phone Number: Contact Name: Fax Number: Fax Number: **Email Address: Email Address:** Project Information **Project Name Location Manager** Telephone Cell **Email Address** Still Photography Filming Audio Recording Type of Project **Detailed Description of Onsite Activities (attach additional pages if needed)**

OMB Control No. 1024-0026 Expiration Date 11/30/2023

	catio			

Location S	chedule							
Date	Location		Start Time	End Time	Interior <i>I</i> Exterior	Activity (e.g., Set-u Breakdown)	ρ,	# of Cast and Crew*
* Number in	this column sho	uld include a	II individuals	nrecent at t	he location			
Talent						odels, hosts, corresponde	onto proco	ators park
	perators, voluntee					odeis, nosts, correspondi	ents, preser	illers, park
	end to use talent? yes, write a full des		of who they	are and how t	hey'll be used	l. Attach additional pages	s if necessa	ury).
				additional pag	ges, if necessa	ary). Please note if any o	of the follow	ring will be
Electrical	Requirements							
	of electrical requir	ements (attach	n additional pa	ages, if neces	sary).			
Generators	i							
Are you u	sing generators	?	Quantity (if using)		Size (if using)		
Yes No								
	equirements							
Are you u	sing lighting?	Reflectors	only?	Descrip pages i	tion of ligh f necessary	ting requirements (at r)	tach addi	tional
Yes No		Yes No						

R	o	a	d	U	Ise

Road Use							
Will you requir	e the use of roa	ids?		Do you require road closures?			
Yes (If yes, p	lease explain belo	w)		Yes (If yes, please explain below) No			
Road Use Schedu	ıle						
Starting Date	Ending Date	Starting Time (include AM or PM)	Endir (inclu	ng Time de AM or PM)	Location		
Road Use Shots Driving Drive-by Towing Wet down roa Drive-ups and Other (please	d away e explain):						
Camera / equip	oment location (check all that apply		Road shoulde Road median Other (explain	1		
Types of equip	oment (check al	that apply)		Hand Dolly with trade Portable crand Tripod Arm footage Car mount Dolly Crane or jib a	ne		

Operational Information

Large or oversized vehicles may not be able to be accommodated	or additional steps may ne	eed to be taken to ensure	that no damage
to park resource occurs.			

to park resource occurs.			
Number of cars, SUVs, or light pick-up trucks	Number of vehicles greater than 10,000 lbs (class 3 or higher)	Base camp location (attach diagrams)	Special activities (attach additional pages, if necessary)
Involvement of Minor Yes (If yes, provide No	r s e the information requested	below)	
Quantity of minors	Age range		
	Animals the information requested	below)	
No Type of livestock	Quantity of livestock	Manner of transportation Sta	aging/coral requirements
	ncluding "drones" or Uncrewed I and approved as a condition		hould be listed. Landings and take offs must
Will aircraft be used	Yes, aircraft w	will be used (If yes, explain) /on't be used	
Explanation of use			
Special Effects	technics, etc. Attach additiona	I pages, if necessary.	
Description of spec effects to be used	ial		
Effects technician's	name		
Technician phone			
Technician email			
License # (if applica	able)		
Permit # (if applicat	ole)		
Stunts			
Will stunts be used	Yes, stunts w	vill be used (If yes, explain)	

Explanation of stunts		
Stunt coordinator's name		
Coordinator phone		
Coordinator email		
	Yes (If yes, explain) No	
Activity Questions Activity Questions When answering "Yes" to any of the follo	owing questions, provide additional information using additional pag	ges, as necessary
Have you visited the requested area?		Yes No
Do you have, or are you applying for, a	permit with another Federal, state or local agency for this activity?	Yes No
Have you obtained a permit from the Na (If yes, provide a list of permit dates and		☐ Yes ☐ No
Have you ever been denied a permit or	had a permit revoked by a Federal agency?	Yes No
Have you forfeited a bond or other secu	rity for on Federal lands?	Yes No
Do you plan to advertise or issue a pres	s release before the event?	☐ Yes ☐ No
Is there any reason to believe there (If yes, please explain on a separate	will be attempts to disrupt, protest or prevent your event? e page.)	☐ Yes ☐ No
Are there any pending Federal Investiga	tions against you which involve a commercial filming activity	☐ Yes ☐ No
	additional pages with information useful in evaluating your perpending plan, security plans, sanitary facilities, crowd control, emend site clean-up.	
	Yes (If yes, explain) No	
If yes, provide a full description (including contact information) of all other individuals / companies involved with this project. Attach additional pages, as necessary.		

Contacts

Role	Name	Title	Telephone	Cell	Email address
Person on Location Responsible for Adherence to All Terms and Conditions of Permit					
Person on Location Responsible for Coordinating Activities With the NPS					
Company Point-of- contact for Follow-up Information and Billing					

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Name
Title
Company Name
Date
Signature

IMPORTANT NOTICE TO APPLICANT

This application does not serve as permission to conduct any special use activity in the park. The information provided will be used to evaluate whether a permit will be issued. All applicable parts of the form must be completed. Incomplete applications will not be evaluated. Send the completed application, along with the application fee in the form of a *[park to select payment methods accepted:* cash, cashier's check, money order, personal check]. Checks made payable to the **National Park Service and all funds must be in US Dollars** to [input name/park office and address]. Fees may also be paid online by credit card or electronic funds transfer at pay.gov. The application must be signed and dated in order for the application to be considered complete.

Purposes The purposes of this application are (1) to provide a National Park Service (NPS) park superintendent with information to approve or deny requests for activities that provide a benefit to an individual, group, or organization, rather than the public at large; and (2) to help NPS staff manage the activity to ensure that the permitted activity does not interfere with the enjoyment of the park by visitors and that the natural and cultural resources of the park are protected.

Routine Uses: In addition to those disclosures generally permitted under Title 5 U.S.C. § 552(a)(b) of the Privacy Act, records or information contained in this system may be disclosed outside the NPS as a routine use pursuant to Title 5 U.S.C. § 552(a)(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

Effects of Nondisclosure: Failure to provide the requested information may impede your ability to obtain a permit from the NPS. The U.S. Criminal Code, Title 18 U.S.C. § 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 or 5 years in prison, or both. Deliberately and materially making false or fraudulent statements on this form will be grounds for denying you a Special Use Permit.

If your request is approved, a permit containing applicable terms and conditions will be sent to you. The permit must be signed by the responsible person and returned to the park for final approval by the Park Superintendent before the permitted activity may begin.

CUSTOMERS MAKING PAYMENT BY PERSONAL CHECK

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

PAPERWORK REDUCTION ACT STATEMENT

We are collecting this information subject to the Paperwork Reduction Act (Title 44 U.S.C. § 3501) to provide the Park Superintendent information needed to evaluate whether a permit will be issued for the requested use. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number. The authority to collect information on the attached form is derived from Title 31 U.S.C. § 7701. Taxpayer identifying number, Title 54 U.S.C. § 100101, Promotion and regulation; Title 54 U.S.C. § 100751, Regulations; Title 54 U.S.C. § 103104, Recovery of costs associated with special use permits; and Title 54 U.S.C. § 100905 Commercial filming.

ESTIMATED BURDEN STATEMENT

Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions, and complete the form. Direct comments regarding this burden estimate, or any aspects of this form, to the Information Collection Clearance Officer, National Park Service, 13461 Sunrise Valley Drive Reston, Virginia 20192. Please do not send your application to this address.

PRIVACY ACT STATEMENT

General: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 21, 1984, for individuals completing this application. All information collected using this form will be safeguarded in accordance with established regulations and published notices of System of Records, NPS

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): The collection of your SSN or TIN is necessary to allow the NPS to collect fees under Title 54 U.S.C.§ 103104 and Title 54 U.S.C. §100905. Your SSN or TIN will only be used as necessary to: (1) process this application, (2) collect any associated permit fees, and (3) collect and report any delinquent financial obligations. Failure to disclose your SSN or TIN when required may prevent or delay the processing of your application and issuing the associated permit. Use of your SSN or TIN will be carried out in accordance with established regulations and published notices of system of records, NPS-1

OMB Control No. 1024-0026

Expiration Date 11/30/2023

INTERNAL AGENCY	USE ONLY
Project Number/BILL:	
Date Processed:	
Permit Number:	
Prepared By:	
Organization Name:	