# U.S. National Arboretum

Expires xx/xx/xxxx

Date Applicant Name

Address

City State  Zip

Phone Fax

Please provide the name, address, and phone number of the organization or company that has contracted for your photographic or videographic services, if applicable.

Company Name Company Contact Address

City State  Zip

Phone Fax

Desired Permit Date Entry Time  Exit Time

Rain Date Total Number of People Total Number of Vehicles

Identify all site(s) to be used.

(Note: On weekdays, no more than 2 locations are allowable. On Sundays, no more than 3 locations.)

 Asian Collections  Azalea Collections  Dogwood Collection  Fern Valley

 Friendship Garden

 Gotelli Conifer Collection

 Holly & Magnolia Collections  National Boxwood Collection  National Capitol Columns

 National Herb Garden  Perennial Collections  Other

Itemize equipment to be used.

(Camera type, sound equipment, lights, screens, etc.)

# U.S. National Arboretum

Expires 12/31/2024

Provide a detailed description of the project (what you are proposing to photograph or film, the purpose of the project, the audience of the project, the number of cast and crew, etc).

Describe the manner in which the images or pictures will be used. Identify where they are to be aired or published.

All U.S. National Arboretum regulations must be obeyed. Falsification of any of the above information will result in immediate cancellation of permission to photograph with no refund. Permission granted is only for the time and date indicated and is not transferable. Locations other than those approved may not be used. Security of all equipment is provided by the permittee.

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0518-0024. The time required to complete this information collection is estimated to*

*average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the following address:*

*US Department of Agriculture, Agricultural Research Service, Research, Education, Economics Administrative Financial Management, Information Technology Services Division*

*5601 Sunnyside Avenue, Beltsville, MD 20705*

*Attn: PRA (0518-0024)*

*Do not return the completed form to this address.*

I understand and agree to the conditions above and have not falsified any information about this project.

Signature Date

Submit

FOR OFFICIAL USE ONLY

Approving Official Date

 Approved

 Denied Reason for Denial Notifications

Director Security Facilities Manager Event Coordinator PHEU Leader Curator(s) Front Desk