Submit by Email | Print

The National Park Service

2009 COMMERCIAL USE AUTHORIZATION APPLICATION FORM

U.S. DEPARTMENT OF THE INTERIOR

National Park Service

P.O. Box 52
Hawaii National Park, Hawaii
PH: (808) 985-6027 FAX: (808) 967-8186
Website: www.nps.gov/havo

This application is used for Commercial Use Authorizations (Out-of-Park services). The CUA is for commercial services that originate and terminate outside of the boundaries of the park area. Activities such as advertising, soliciting business, collecting fees or selling any goods or services within the park boundaries are NOT allowed.

Type of Permit Requested: _____ One-Year, One Park, _____Park Name
_____ One-Year, Four Parks
_____ Two-Years, One Park _____Park Name
_____ Two-Years, Four Parks

Specific to Hawai'i Volcanoes National Park
_____ Road-Based _____Non-Road Based _____ Combination Permit

Definitions of commercial visitor services specifically for Hawai'i Volcanoes National Park

Road Based	Motorized vehicle used to transport passengers on a guided tour using established roadways within the park boundaries and operated for hire. Entrance fees are determined by the capacity of your vehicle (see page 3+4 of instructions for breakdown of fees).
Non-Road Based	Tours of the Park that are primarily not road based. Examples of these would be hiking more than a mile on one trail, bird watching on foot for more than one hour at one location, camping in one of the two frontcountry campgrounds, or bicycling on paved roads or designated routes. For these tours there is a $5 per person entrance fee (excluding the driver and/or guide). Additional conditions to this permit are attached and must be followed when applicable.
Combination	This permit allows the holder of the permit to engage in both activities in the park. Identify the activity at the entrance station and charges will be made accordingly.

(Please type or print in ink. Answer all questions completely or mark "N/A" if not applicable.)

1) APPLICANT _____
Show your business name, including your "d.b.a." (*doing business as*) if applicable

As an applicant, select from A through E that describes your business:

A. **[ ]** INDIVIDUAL. If the business is a sole proprietorship, print the owner's legal name.

(_____)

B,. **[ ]** CORPORATION

If the business is a corporation or LLC, print the holding corporation's legal name.

(_____)

C. **[ ]** PARTNERSHIP/ASSOCIATION. If the business is a partnership, LLP or LP, print the names and social security numbers of each partner. If there are more than two partners, please attach a complete list of partners names.

(Name _____ SSN#_____)

(Name _____ SSN#_____)

D. **[ ]** OTHER _____

2) LIST ALL AUTHORIZED REPRESENTATIVES

_____

3) *TAX PAYER ID # _____

-OR-

SOCIAL SECURITY NUMBER _____

******Providing Social Security Numbers is a requirement of 1996 Debt Collection Act—This number will NOT be made public.*

4) Business Address

Address: _____

City, State, Zip _____

Email: _____

Internet: _____

Day Phone: _____ **Evening Phone:** _____

Fax: _____

5) Owner Address

Address: _____

If same as Business AddressInfo, write "same"

City, State, Zip _____

Email: _____

Internet: _____

Day Phone: _____ **Evening Phone:** _____

Fax: _____

6) False, fictitious or fraudulent statements of representations made in this application may be grounds for revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All information you provide will be considered in reviewing this application. Please sign on the applicable line below.

_____ _____ _____

SIGNATURE OF APPLICANT OR AGENT* PRINTED NAME DATE

_____

TITLE (as it relates to your business)

(If you are an authorized Agent who has been given authorization to sign this application for the owner or company, you MUST attach proof to that authorization.)

Mail your completed application:

National Park Service
Commercial Services
P.O. Box 52
Hawaii National Park, HI 96718

The National Park Service

CHECKLIST FOR CUA APPLICATION

Payment must accompany your completed application.

BUSINESS NAME: _____

_____ Completed Application Form

_____ Payment.

_____ Insurance Certificate (**Comprehensive General Liability**) is enclosed.

_____ Insurance Certificate (**Automobile Liability**) is enclosed.
(Certificate must show the Vehicle Identification Number)

_____ Annotation on the Insurance Certificate that shows:

__ The insurance policy names the U.S. Government, National Park Service as an additional insured. ***(AND)*** The insurance policy contain a waiver of subrogation clause specifying that the insurance company shall have no right of subrogation against the United States.

__ Certificate Holder's Address is:

US Government
National Park Service,
Commercial Services
P.O. Box 52
Hawaii National Park, HI 96718

_____ Proof of Authorization to Sign Application (applicable if other than owner is signing application

---

NPS Office Phone: 808/985-6027, Fax: 808/967-8186, Website: http://www.nps.gov/havo

Mail application packet to:
National Park Service, Commercial Services, P.O. Box 52, Hawaii National Park, HI 96718

The National Park Service

MINIMUM INSURANCE AMOUNTS REQUIRED

(Applicants, please share this info with your Insurance Agent)

1. SERVICE: Guided Hiking, Photography, Bicycle Tours,

- **INSURANCE**: ***Comprehensive General Liability*** **(Guides) @ $300,000 per occurrence**

1. SERVICE: Vehicle Tours

- **INSURANCE**: **Motor vehicles -** ***Auto Liability Insurance***

PARTY SIZE	MINIMUM COVERAGE REQUIRED
UP TO 5:	$300,000/Occurrence
6 TO 12:	$500,000/Occurrence
13 TO 20:	$750,000/Occurrence
21 to 50	$1,500,000/Occurrence
51 passengers or more:	Contact National Park Service for information

The certificate holder's address on all certificates of insurance should read:

U.S. GOVERNMENT, Dept of Interior, National Park Service-Commercial Services, P.O. Box 52, Hawaii National Park, HI 96718

All liability policies must specify that the insurance company will (1) have *no right or subrogation against the United States of America* AND must (2) provide that the United States of America is named an additional insured.