

APPLICATION FOR SPECIAL USE PERMIT COMMERCIAL FILMING/ STILL PHOTOGRAPHY (Long Form)



BENT'S OLD FORT NATIONAL HISTORIC SITE

35110 State Highway 194 La Junta, CO 81050 719-383-5010

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$110 must accompany this application unless the requested use is an exercise of a First Amendment right. 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 cost recovery charges and proof of liability insurance naming the United States of America an additional insured.

| * Enter either a Social Security Number OR a t | |
|--|-------------------------------------|
| Applicant Information | Company/Organization Information |
| Applicant Name: | Company/Organization Name: |
| Social Security Number*: | Tax Identification 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 | |
| Type of Project Still Photography | ☐ Video/Motion Picture/Movie |
| Detailed Description of Onsite Activities | (attach additional pages if peeded) |
| Detailed Description of Offsite Activities | (attach additional pages if needed) |
| | |

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

Location Schedule

| Date | Location | | Start Time | End Time | Interior / Exterior | Activity (e.g., Set Breakdown) | -up, | # of Cast and Crew* |
|-----------------------------|--------------------------------------|------------------|-----------------|----------------|------------------------------|--------------------------------|-----------------|------------------------|
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| | | | | | | | | |
| * Number in | this column sho | ould include a | ll individuals | present at t | the location | 1 | | |
| visitors, coo | perators, voluntee | ers, National Pa | ark Service ar | nd concessior | ner staff, etc. | odels, hosts, correspor | · | · |
| Equipmen Description | | kdrops. sets. r | props (attach | additional pag | ges. if necess | ary). Please note if an | v of the follow | vina will be |
| | eapons, animals, | | | | | , | , | Ü |
| Flootoical | Daminamanta | | | | | | | |
| | Requirements of electrical requir | ements (attach | n additional pa | ages, if neces | sary). | | | |
| Generators | ; | | | | | | | |
| Are you u | sing generators | s ? | Quantity (| if using) | | Size (if using |) | |
| ☐ Yes ☐ No | | | | | | | | |
| Lighting Re | equirements | | | | | | | |
| Are you u | sing lighting? | Reflectors | only? | Descrip | otion of ligh f necessary | ting requirements | (attach add | itional |

☐ Yes

☐ No

☐ Yes ☐ No

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Road Use

| Road USe | | | | | | | |
|---|-----------------|-----------------------|--------|--|----------|--|--|
| Will you require the use of roads? | | | | Do you require road closures? | | | |
| ☐ Yes (If yes, please explain below) ☐ No | | | | Yes (If yes, please explain below) No | | | |
| Road Use Schedu | ıle | | | | | | |
| Starting Date | Ending Date | Starting Time | Endir | ng Time | Location | | |
| | | (include AM or PM) | (inclu | de AM or PM) | | | |
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| Road Use Shots Driving Drive-by Towing Wet down roa Drive-ups and Other (please | l away | | | | | | |
| Camera Equipme | nt | | | | | | |
| Camera / equip | oment location | (check all that apply | |] Road shoulde] Road median] Other (explail | r | | |
| Types of equip | oment (check al | I that apply) | | Hand Dolly with trace Portable crane Tripod Arm footage Car mount Dolly Crane or jib a | e | | |

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Operational Information

Large or oversized vehicles may not be able to be accommodated or additional steps may need to be taken to ensure that no damage 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 the information requested | l below) | |
| Quantity of minors | Age range | | |
| □ No | the information requested | | |
| Type of livestock | Quantity of livestock | Manner of transportation Sta | iging/coral requirements |
| | | | |
| | | | |
| | | | |
| Aircraft NOTE: All aircraft use ov permit. | er park lands should be listed | I. Landings must be specifically reque | ested and approved as a condition of your |
| Will aircraft be used | | will be used (If yes, explain) von't be used | |
| Explanation of use | | | |
| Special Effects Including weapons, pyrot | echnics, etc. Attach additiona | al pages, if necessary. | |
| Description of spec effects to be used | | , , , , , , , , , , , , , , , , , , , | |
| Effects technician's | name | | |
| Technician phone | | | |
| Technician email | | | |
| License # (if applica | able) | | |
| Permit # (if applicab | ole) | | |

| Stunts | St | ur | its |
|--------|----|----|-----|
|--------|----|----|-----|

| Stuffts | | |
|--|--|-------------------|
| | stunts will be used (If yes, explain) unts won't be used | |
| Explanation of stunts | | |
| Stunt coordinator's name | | |
| Coordinator phone | | |
| Coordinator email | | |
| Other Hazardous Activities | | |
| Any other unusual or hazardous activities? | f yes, explain) | |
| Explanation of activities | | |
| Activity Questions | | |
| Have you visited the requested area? | | ☐ Yes ☐ No |
| When answering "Yes" to any of the following o | questions, provide additional information using additional pag | ges, as necessary |
| 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 National I | Park Service in the past? | ☐ Yes ☐ No |
| Have you ever been denied a permit or had a լ | permit revoked by a Federal agency? | ☐ Yes ☐ No |
| Are there any pending Federal investigation ag | painst you which involve a commercial filming activity? | ☐ Yes ☐ No |
| Have you forfeited a bond or other security for | photography on Federal lands? | ☐ Yes ☐ No |
| Do you plan to advertise or issue a press relea | se before the event? | ☐ Yes ☐ No |
| Do you anticipate any security concerns? If yes | s, explain on an attached sheet | ☐ Yes ☐ No |
| | ional pages with information useful in evaluating your peng plan, security plans, sanitary facilities, crowd control, emen lean-up. | |
| Project Administration Are you applying for this permit on behalf of another person or company? Yes (I No | f yes, explain) | |
| If yes, provide a full description (including contact information) of all other individuals / companies involved with this project. Attach additional pages, as necessary. | | |

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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 | | | |

NOTICES

This is an application *only*, and does not serve as permission to conduct any special activity in the park. The information provided will be used to determine whether a permit will be issued. Send the completed application along with the application fee in the form of a cashier's check, money order or personal check made payable to the <u>National Park Service</u> to Bent's Old Fort National Historic Site at the park address found on the first page of this application.

If your request is approved, a permit containing applicable terms and conditions will be sent 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.

Privacy Act Statement

Authority: The authority to collect information on the attached form is derived from 54 U.S.C. 100101.

Purpose: The purposes of the system are (1) to provide a 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 assist park staff to 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 5 U.S.C.552a(b) of the Privacy Act, records or information contained in this system may be disclosed outside the National Park Service as a routine use pursuant to 5 U.S.C. 552a(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.

Disclosure: Voluntary, however, failure to provide the requested information may impede individual from obtaining a permit from the National Park Service.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): Your Social Security Number (SSN) is needed to identify records unique to you. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service. Failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting your SSN is 54 U.S.C.103104. The information gathered through the use of the SSN will be used only as necessary for processing this application and collecting and reporting any delinquent financial obligations. Use of the social security number will be carried out in accordance with established regulations and published notices of system of records.

Paperwork Reduction Act Statement

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. 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. OMB has approved this collection of information and assigned Control No. 1024-0026.

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, 12201 Sunrise Valley Drive Reston, Virginia 20192. Please do not send your form to this address.

INTERNAL AGENCY USE ONLY

| INTI | ERNAL AGENCY USE ONLY |
|----------------------|-----------------------|
| Project Number/BILL: | |
| Date Processed: | |
| Permit Number: | |
| Prepared By: | |
| Organization Name: | |

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