

National Park Service
Devils Postpile National Monument
Application for Special Use Permit or Commercial Use Authorization

Please supply the information requested below with as much detail as possible. Use additional sheets if necessary. A non-refundable processing fee of \$50 may be required to accompany this application (unless the requested use is an exercise of a First Amendment right or a fee waiver is granted). You will be notified of the disposition of the application and the necessary steps to secure your final permit. (Note: there may be additional fees charged, and you **may** be required to provide proof of liability insurance.)

Applicant Name: _____ Social Security # _____

Organization Name (if applicable): _____ Tax ID # _____

Street/Address: _____

City/State/Zip Code: _____

Telephone number: _____

Description of Proposed Activities: _____

Requested Location: _____

Date (s): _____ Set-up will begin at: _____

Event will begin at: _____ Removal will be completed by: _____

Maximum Number of Participants _____ (Please provide best estimate)

Maximum Number of Vehicles _____ (attach parking plan)

Support Equipment (generators, amplification, etc.) _____

Support Personnel (contractors, etc.) _____

Individual (if other than applicant) in charge of event on site:

Is this an exercise of First Amendment Rights? Y N

Are you familiar with/ have you visited the requested area? Y N

Do you plan to advertise or issue a press release? Y N

Will you distribute printed material? Y N

Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?(if yes explain on separate sheet) Y N

Will you be operating a commercial tour in the Monument? Y N

*(Commercial Tour is defined as one or more persons travelling on an itinerary has been packaged, priced or sold for leisure or recreational purposes.

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.

Signature _____ Date _____

Return this application to: Devils Postpile National Monument Superintendent
P.O. 3999
Mammoth Lakes CA 93546

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a valued judgement on whether or not to allow the requested use. All the applicable parts of the form must be completed.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW., Washington, D.C. 20240 and to the Information Collection Clearance Officer, Washington Administrative Program Center, 1849 C Street, NW., Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.