

**Commercial Use Authorization
Exhibit 2**

U.S. DEPARTMENT OF THE INTERIOR
Return via mail or fax: CUA Program Manager
Death Valley National Park
PO Box 579
Death Valley, CA 92328
760.786.3246 (fax)

COMMERCIAL USE AUTHORIZATION (CUA) 2009 ANNUAL REPORT

Park Name: Death Valley National Park

CUA Permittee Name:

Company Name:

Address:

Expiration Date: December 31, 2009 CUA Number:

1. What service do you provide to the park visitor?
2. How many visitors do you serve per year within the park area?
3. How much time do you or your customers spend in the park (days/hours)?
4. Is the park or its resources a primary or exclusive destination?
5. Is the park only incidental to the service you provide? ___ Yes ___ No

If the answer is yes, why?

6. What percent of the activity actually takes place in the park overall?

7. How many trips did you provide to how many visitors?

Month	Number of Trips	Number of Visitors
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Annual/Total		

8. What are the annual gross receipts generated as a result of being in the park?

9. How is the answer to #8 calculated?