

**APPLICATION FORM  
COMMERCIAL USE AUTHORIZATION  
U.S. DEPARTMENT OF THE INTERIOR**



**National Park Service  
Death Valley National Park  
Attention: Special Park Uses Coordinator  
PO Box 579, Death Valley, CA 92328  
Phone: 760/786-3241 Fax: 760/786-3246**

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

**For which year(s) is the Commercial Use Authorization (CUA) being requested?** \_\_\_\_\_

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

(1) **Applicant** (Legal Business Name)

\_\_\_\_\_  
\_\_\_\_\_

(2) **What is your Business Type** (Please check one below):

A.  Sole Proprietor

B.  Corporation: (State: \_\_\_\_\_ Entity Number \_\_\_\_\_)

C.  Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)

D.  Partnership/Association. *Print the names of each partner. If there are more than two partners, please attach a complete list of their names.*

( Name \_\_\_\_\_ )

( Name \_\_\_\_\_ )

E.  Other (Specify)

\_\_\_\_\_

(3) **Mailing Address:**

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_

Internet: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

(4) **Employer's Identification Number:**

\_\_\_\_\_  
**-OR-**

**\*Social Security Number**

\_\_\_\_\_

(5) **Give name(s) of authorized agent(s) for this business.**

\_\_\_\_\_

(6) **(a) Are you employed with the National Park Service?**  Yes  No.

**If Yes, please complete below:**

Title \_\_\_\_\_

Park / Office where employed \_\_\_\_\_

**(b) Do you have a spouse or minor children employed with the National Park Service?**  Yes  No

**If Yes, please complete below:**

Title \_\_\_\_\_

Park / Office where employed \_\_\_\_\_

(7) **Expiration date of Business License:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

(8) **Names of employees who will work under the authority of your permit:**

Names:	Titles or Position: <i>(e.g. Guide, Pilot, Driver, etc)</i>

(9) **Will your business operate vehicles (car, truck, van, bus, taxicab, etc) within NPS boundaries** \_\_\_?  Yes  No.

**If "yes", please give a description of each vehicle. Use additional paper if necessary.**

MAKE OF VEHICLE	MODEL	YEAR	MAX # PASSENGERS	OWN	LEASE

(10) **Within the past 5 years, have you or any individual serving as an officer, principal, partner or employee with this business entity or any previous business entity, **been****

**convicted of or forfeited collateral for any violations of state, federal, or local law or regulation?**  Yes  No.

**If "yes", please give a description of each violation. Attach additional sheets if necessary.**

Date of Violation: \_\_\_\_\_  
 Was this a conviction? \_\_\_\_\_ Was Collateral forfeited? \_\_\_\_\_  
 Name of Business or person(s) \_\_\_\_\_  
 Place of Violation? \_\_\_\_\_  
 Court Name \_\_\_\_\_  
 Give Details? \_\_\_\_\_  
 \_\_\_\_\_

(Results) Action Taken by Court \_\_\_\_\_

- (11) **Is the company (current entity) or previous business entity, or any owners of this business entity or previous business entity now under charges for any violation of state, Federal, or local law or regulation?**

Yes  No.

**If "yes", please give a description of each violation. Attach additional sheets if necessary.**

Date of Violation: \_\_\_\_\_  
 Place of Violation? \_\_\_\_\_  
 Who is the Charge  
 against? \_\_\_\_\_  
 Who made the Charge(s) \_\_\_\_\_  
 Give Details of charge(s)? \_\_\_\_\_  
 Current  
 Status: \_\_\_\_\_

- (12) **\*Within the past 5 years, have any of your current or proposed employees been convicted of or forfeited collateral for any state, federal, or local law or regulation; OR are they now under charges for any violation of state, federal or local law or regulation?**

Yes  No.

**If "yes", please give a description of each violation. Attach additional sheets if necessary.**

*(\*Employees identified below may be precluded from working for the operator)*

Date of Violation: \_\_\_\_\_ Place of Violation: \_\_\_\_\_  
 Was this a conviction? \_\_\_\_\_ Was Collateral forfeited? \_\_\_\_\_  
 Name of Employees or Proposed Employees Involved \_\_\_\_\_  
 Place of Violation? \_\_\_\_\_  
 Court Name \_\_\_\_\_  
 Give Details? \_\_\_\_\_  
 Current Status \_\_\_\_\_

- (13) **SELECTING YOUR COMMERCIAL VISITOR SERVICE**

**Complete the appropriate Appendix specific to your service and attach to this application.**

Type of Activity/Special Use (e.g. guided hike, backcountry camping, sporting event, etc.) \_\_\_\_\_

Requested Location(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

**Please supply a complete itinerary with your operations plan with dates and locations on a separate sheet.**

Maximum Number of Participants \_\_\_\_\_ (Please provide best estimate)

Maximum Number of Vehicles: \_\_\_\_\_ (attach parking plan)

Support Equipment (list all equipment) \_\_\_\_\_

Support Personnel (contractors, etc. including addresses and telephones) \_\_\_\_\_

Individual in charge of event on site (include address, telephone and cell phone numbers): \_\_\_\_\_

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

(14) **Signature:** False, fictitious or fraudulent statements of representations made in this application may be grounds for denial or revocation of the Incidental Business Permit and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All Information provided will be considered in reviewing this application. Authorized Agents must attach proof of authorization to sign below.

*By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.*

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Title