NPS Form 10-931
OMB No. 1024-002
NEW 10/00
Expires 6/30/2013

National Park Service
Flight 93 National Memorial
P.O. Box 911
Shanksville, PA 15560
(814) 893-6322

Application for Commercial Filming/Still Photography Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information**. Allow **AT LEAST** four (4) business days for processing. A non-refundable processing fee should accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges, a location fee, and proof of liability naming United States of America as also insured.

Applicant:	Company:
Social Security #:	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
Email:	Email:

Project name:	Producer:
Type of project:	Photographer:
Location manager:	Director:
Telephone #:	Caterer:
Cell phone #:	Telephone # - set:

Summary of Activities and Scene(s) (attach additional pages if necessary): _____
_____
_____
_____

SCHEDULE BY LOCATION(S) (Includes filming, parking and base camp):

Date	Location	Start Time	End Time	Type of Activity (e.g., film, prep, or strike)	Number of Cast & Crew

Description of Equipment/Props(attach additional pages if necessary):

_____

_____

_____

List of vehicles including type and license plate number (attach additional pages if necessary):

Vehicle Make and Model	License Number

Use of Roads and/or Trails? (Y/N):____ Describe proposed use (attach additional pages if necessary):

_____

_____

Are you familiar with/ have you visited the requested area? ☐Y ☐N
Have your obtained a permit from the National Park Service in the past? ☐Y ☐N
(If yes, provide a list of permit dates and locations on a separate page.)
Do you plan to advertise or issue a press release before the event? ☐Y ☐N

I hereby state that the above information given is complete and correct and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant entity and the project described above.

Signature: _____ Print Name: _____ Date: _____

Title: _____ Company Name: _____

****
*

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of $50.00 made payable to **National Park Service**. Credit card payments may be accepted at some parks. Application and administrative charges are non-refundable. *This completed application should be mailed to Special Use Coordinator at the Park address found on the first page of this application.*

Note that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

NOTICES

Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Applicants are required to provide their social security or taxpayer identification number or activities subject to collection of fees by the National Park Service (31 U.S.C. 7701) Information from the application may be transferred to appropriate Federal, State, local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Paperwork Reduction Act Statement): This information is being collected subject to the Paperwork Reduction Act (44 U.S.C. 3501) to allow the park manager to make a value judgment on whether or not to allow the requested use. All applicable parts of the form must be completed. A Federal 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.

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 National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 2024