



Commercial Use Authorization Application

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

1. BUSINESS NAME _____
(legal entity)

2. CONTACT PERSONS NAME _____

3. DOES BUSINESS AS (DBA(S)) _____
(list all dba's)

4. *TAX PAYER ID # _____
-OR-
*SOC. SEC. # _____
* Requirement of the 1996 Debt Collection Act – This number will NOT be made public.

5. ADDRESS _____

6. EMAIL ADDRESS _____ WEB SITE _____

7. PHONE NUMBER _____ FAX NUMBER _____

8. What type of CUA are you applying for?

Commercial Transportation (answer questions below)
If you are a Commercial Transportation Provider, please indicate the type of transportation activities you are proposing to provide under this permit (see Commercial Transportation Requirements for Definitions):

Commercial Tour Service Regional Shuttle Service Local Transit Service

Seating Capacity of Vehicle(s) _____

What is your United States Department of Transportation Number (USDOT): _____

Tuweep

Backpacking: Did your company hold a valid CUA for Backpacking in 2008 or 2009? yes no

Day Hiking

Bicycle Tour: South Rim or North Rim

Equipment Rental and Delivery

Other (Please Describe) _____

9. If Other, List the ACTIVITY(IES) you propose to provide on a separate sheet of paper.

10. Estimate how many trips you plan in a calendar year. _____

11. How many to the South Rim? _____ How many to the North Rim? _____

12. Divide the estimated trips in question #10 by 12. What are the average monthly trips? _____
If the average monthly trips equal 4 or more, you must complete the Authorization Agreement for Preauthorized Debits Form and submit with this application packet.

Note: Operators who visit the park four (4) or more times on average a month, are required to sign up with the National Park Service for the Preauthorized Debit (PAD) payment system. A penalty of \$25 or 10%, whichever is greater, will be imposed for any electronic funds transfer/PAD returned item (e.g., insufficient funds, frozen account, etc.). Permittees shall complete an Authorization Agreement for Preauthorized Debits form available with this permit packet, on the park's website at www.nps.gov/grca, (Fees & Permits) or by calling 928-638-7707.

() I have enclosed the Authorization Agreement for Preauthorized Debits

13. What is the estimated date you plan to begin operating in the park? _____

14. **General Liability insurance is required** covering both bodily injury and property damage as indicated below:

Commercial Transportation in the minimum amount of \$1,000,000 per occurrence.

Day Hiking in the minimum amount of \$300,000 per occurrence

Backpacking in the minimum amount of \$300,000 per occurrence

Bicycling in the minimum amount of \$300,000 per occurrence

Equipment Rental in the minimum amount of \$300,000 per occurrence

Other – Send Certificate of Liability Insurance – General Liability requirements may be higher than seen here depending on type of proposed activity.

Automobile Liability Insurance is required. Arizona has established the following minimum automobile liability coverage types and limits:

<u>Vehicle Capacity</u>	<u>Minimum Limits</u>
Seating Capacity of 16 or more persons	\$5 million
Seating Capacity of 7-15 persons, inclusive	\$750,000
Seating Capacity of 6 or fewer persons	\$300,000

The US Government must be named as additionally insured.

The certificate(s) holder must read:

The United States Government,
Grand Canyon National Park,
Division of Concessions

P.O. Box 129,
Grand Canyon, Arizona 86023

The certificate(s) must give 10 days advanced written notice in case of cancellation.

() I have enclosed is a Certificate of Liability which meets the above requirements.

15. A check made payable to the Department of Interior-National Park Service in the amount of \$350.00 for each different type of commercial use authorization you are requesting. The authorization permit fee is non-refundable. (The permit fee is waived for all commercial transportation CUA's.)

False, fictitious or fraudulent statements of representations made in this application may be grounds for revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All information you provide will be considered in reviewing this application.

Permit processing can take several weeks.

Mail (preferred), hand deliver, or overnight your application and supporting documents, using the attached checklist, to:

US Postal Service & Express Mail

Grand Canyon National Park
Division of Concessions
PO Box 129
Grand Canyon, AZ 86023

Fed Ex or UPS

Grand Canyon National Park
Division of Concessions
1 Market Plaza
Grand Canyon, AZ 86023

Or Fax application to (928) 638-7701

APPLICATION SUBMITTAL CHECKLIST

All CUA Applications Need to Submit the Following:

- Commercial Use Authorization Application (Pages 1 & 2)
- Certificate of Insurance for General and Automobile Liability Insurance (as required in question 14)
- Authorization for Preauthorized Debits Form (required if average visits over 12 months is equal to 4 or more times per month) – Exhibit A
- Check made payable to Department of Interior-National Park Service in the amount of **\$350.00 for each** commercial use authorization you are requesting. (Waived for Commercial Transportation CUA's)

If you are applying for Other CUA then you need to attach to the application:

- Description of proposed activities at Grand Canyon (be specific and detailed so that we may fully evaluate your application)

Additional Items Needed for Day Hiking, Backpacking, or Bicycling CUAs:

- Staff Registration Form for each guide and leader who will perform work at Grand Canyon – Exhibit B
- Copy of Adult CPR Certification Card for each guide and leader who will perform work at Grand Canyon
- Copy of the appropriate medical requirement for each guide and leader: Wilderness First Responder or equivalent certificate for Backpacking and Day Hiking CUAs, and Proof of 40-hours of first aid training and certification or equivalent for Bicycling CUA.

DAY HIKING, BACKPACKING, AND BICYCLING STAFF REGISTRATION FORM

Please fill out completely for each leader/guide and mail with application.

Company Name: _____

Name: _____ Date of Birth: _____

A. Professional guiding experience:

B. Previously hiked or biked the proposed routes (include names of trails and dates hiked):

Type of First Aid Certification _____

First Aid Certification expiration date: _____ (attach copy of certificate)

CPR Card expiration date: _____ (attach copy of certificate)