

APPLICATION FORM
for
COMMERCIAL USE AUTHORIZATION (CUA)
(Formerly Incidental Business Permit)

U.S. DEPARTMENT OF THE INTERIOR



National Park Service

240 West 5th Avenue, Room 114

Anchorage, Alaska 99501

Ph: (907) 644-3362 or 644-3533 Fax: (907) 644-3813 or (907) 644-3814

Website: <http://www.nps.gov/akso/concessions/index.cfm>

Email: brenda_coleman@nps.gov

Application DUE DATE

Please submit the application at least **30 days in advance of your proposed start date**. Applications not received with that timeframe will still be processed, however, there may be a delay in issuing the CUA by your proposed start date.

FOR OFFICE USE ONLY

CUA# _____
Received: _____
Check# _____
Amount: _____

This application is for “out-of-park” commercial visitor services that must originate and terminate outside of the boundaries of the park area or within an inholding. Activities such as advertising, soliciting business, collecting fees or selling any goods or services within the park boundaries are **NOT** allowed.

PLEASE TYPE OR PRINT IN INK.

ANSWER ALL QUESTIONS COMPLETELY OR MARK “N/A” IF NOT APPLICABLE

You may apply for a one or two-year CUA. The term of a CUA may not exceed 2 years and no preferential right of renewal or similar provisions for renewal may be provided.

YOU MAY APPLY FOR A ONE-YEAR OR TWO-YEAR CUA

1) Please indicate the year(s) you want to operate: 2010 2011 *(check one or both)*

2) Business Name

3) Doing Business As (DBA) Not Applicable

4) What is your Business Type (Please check appropriate box below)?

- Corporation (State: _____)
- Sole Proprietorship
- LLC
- Partnership (Names: _____)
- Other (Specify Type _____)

5) Contact Information (Summer)

Address			
City	State	Zip	Country
Ph (day)	Ph (eve)	Fax	
Email			
Website			

Contact Information (Winter)

Same As Summer

Address			
City	State	Zip	Country
Ph (day)	Ph (eve)	Fax	
Email			
Website			

6) If you held a CUA last year, have there been any changes in ownership during the past two years?
 No Yes If you answered “yes, please give details below:

7) Are you, your spouse or minor children currently employed by the National Park Service (NPS)?
 No Yes If you answered “yes, please give details below:

(1) Name, Title & Park Unit: _____

(2) Name, Title & Park Unit: _____

8) Alaska Business License Number _____ Expiration Date of License: _____.

If the Alaska Division of Occupational Licensing has determined you are not required to obtain an Alaska Business License, please attach provide proof of that determination.

9) Please provide **NAMES** and **TITLES** of all employees and owners, etc.

Note: First Aid and/or CPR certification is a requirement for Klondike Gold Rush National Historical Park, Denali National Park & Preserve and Wrangell-St. Elias National Park & Preserve. First Aid/CPR certification is not required for other park units; however, if you have this certification, please provide it.

Name (All Owners and Employees)	Title <i>e.g.: Guide</i>	First Aid Cert Expires	CPR Cert Expires	Certifying Agency (e.g.: American Red Cross)
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	

10) AIRCRAFT OPERATORS Please check appropriate box: Part 91 Part 135

- My FAA Air Carrier Operating Certificate Number is _____.
(Part 135 operators must attach a copy of their FAA Certification to this application.)
- For Part 91 & Watercraft operators Only: Will the business provide transport service to hunters, their equipment or game to/from any NPS preserve under the CUA on an incidental basis?
- Yes No N/A
- If “yes”, will you provide any related accommodations to your clients such as camps, lodges, etc.
- Yes No

11) Please provide information on your Aircraft which will be used under the CUA. You may use additional paper if more space is needed or attach a paper that identifies your aircraft, however that paper must provide all the information requested below:

TAIL NUMBER	MAKE / MODEL	WHEEL ↓	FLOAT ↓	SKIS ↓	COLOR(S)

- 12) Are you a licensed by the State of Alaska to provide Big Game Transport Service?**
 Yes No N/A
(Licensed big game transporters must attach a copy of their license to this application.)

13) FOREIGN AIR CARRIERS:

Have you obtained operations specifications from the Federal Aviation Administration? No Yes
Please attach a copy of the FAA Letter to your application.

Title 49 U.S.C. § 41301, requires foreign air carriers to maintain proper authorization to conduct scheduled and charter flights into and within the United States. For more information, please contact the Anchorage International Field Unit (IFU), FAA Flight Standards District Office at (907) 271-2000, or go to their website at: www.faa.gov/about/office_org/field_offices/ifo/anchor_ifu/.

WATERCRAFT OPERATORS

Contact the Alaska Department of Motor Vehicles for State registration requirements for motorized and non-motorized watercraft at 907-269-5590 or via the Internet at <http://www.state.ak.us/dmv/reg/boat.htm>
 (Note: The use of personal watercraft (including airboats) is prohibited for commercial purposes in the National Park Units. **Personal Watercraft** refers to a vessel, usually less than 16 feet in length which uses an inboard, internal combustion engine powering a water jet pump as its primary source of propulsion. The vessel is intended to be operated by a person or persons sitting, standing or kneeling on the vessel, rather than within the confines of the hull. Brand names include, but are not limited to, Jet Ski, Sea-Doo, Waterrunner, Wet Jet and Surf Jet. **Airboat** means a vessel that is supported by the buoyancy of its hull and powered by a propeller or fan above the waterline.). The use of High Speed Amphibian technology based vehicles (Quadski, Aquada, Humdinga, etc) in the park is also prohibited.

- 14) Will your business operate WATERCRAFT within NPS boundaries? No Yes**

Please provide information on your watercraft which will be used under the CUA.

Watercraft Type (e.g. kayaks, inflatable raft, canoe, etc.)	Capacity (# passengers)	DMV Registration # or US Coast Guard Doc Number (this column applies to motorized boats)	Registration Expires On?	Color	Length	Is It Motorized?
		AK- _____ -or- USCG# _____ N/A _____				
		AK- _____ -or- USCG# _____ N/A _____				
		AK- _____ -or- USCG# _____ N/A _____				
		AK- _____ -or- USCG# _____ N/A _____				
		AK- _____ -or- USCG# _____ N/A _____				
		AK- _____ -or- USCG# _____ N/A _____				
		AK- _____ -or- USCG# _____ N/A _____				

15) Will your business operate motor vehicles (cars, trucks, van, bus, etc) within NPS boundaries?

No Yes

Please provide information on your motor vehicles which will be used under the CUA.

MAKE OF VEHICLE	MODEL	YEAR	COLOR	MAX # PASSENGERS

16) CHOOSING YOUR PARK UNIT AND ACTIVITIES

Note: All guides and clients of CUA holders must have in their possession all required state licenses for the service/activity being pursued, e.g. fishing, and hunting. These must be current and available for inspection upon request by any park or state official in the park unit(s).

Park Name: _____ Please provide the Name of your First park unit (show on line above)	
List Services Provided (not clients' activities)	↓ List below, the locations to be used for the services provided.
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
<ul style="list-style-type: none"> • What is the Estimated number of Guides per Trip _____ Clients Per Trip _____ • What date would you like to start your first trip into the park _____ • Have you obtained all required State and/or Federal permits, licenses, etc associated with the service you will provide? (e.g. state fishing license, etc). ? No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> 	

Park Name: _____ Please provide the Name of your First park unit (show on line above)	
List Services Provided (not clients' activities)	↓ List below, the locations to be used for the services provided.
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
<ul style="list-style-type: none"> • What is the Estimated number of Guides per Trip _____ Clients Per Trip _____ • What date would you like to start your first trip into the park _____ • Have you obtained all required State and/or Federal permits, licenses, etc associated with the service you will provide? (e.g. state fishing license, etc). ? No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> 	

Park Name: _____

Please provide the Name of your First park unit (show on line above)

**List Services Provided
(not clients' activities)**

↓ **List below, the locations to be used for the services provided.**

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |
| 7. _____ | 7. _____ |

- What is the Estimated number of Guides per Trip_____ Clients Per Trip_____
- What date would you like to start your first trip into the park_____
- Have you obtained all required State and/or Federal permits, licenses, etc associated with the service your will provide? (e.g. state fishing license, etc). ? No Yes N/A

Park Name: _____

Please provide the Name of your First park unit (show on line above)

**List Services Provided
(not clients' activities)**

↓ **List below, the locations to be used for the services provided.**

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |
| 7. _____ | 7. _____ |

- What is the Estimated number of Guides per Trip_____ Clients Per Trip_____
- What date would you like to start your first trip into the park_____
- Have you obtained all required State and/or Federal permits, licenses, etc associated with the service your will provide? (e.g. state fishing license, etc). ? No Yes N/A

Note: the following questions relate to violations. Failure to accurately and completely disclose violations may be grounds to deny issuance of the CUA. A record of conviction and/or pending charges for violations is not an absolute bar to being issued a CUA. Such information will be considered only if there is a substantial relationship between the circumstances of the conviction and/or pending charge and the service for which you are applying.

17) Within the past 5 years, have you, the company (business entity) 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

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 _____

18) 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 (*This not include minor traffic violations*)

Date of Violation: _____

Place of Violation? _____

Who is the Charge against? _____

Who made the Charge(s) _____

Give Details of charge(s) _____

Current Status: _____

19) *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 (**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 _____

20) Signature: False, fictitious or fraudulent statements of representations made in this application may be grounds for denial or revocation of the Commercial Use Authorization 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.

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 _____

Title: _____

Date: _____

National Park Service

Check List for Submitting Application Packet

Commercial Use Authorization

DUE DATE: 30 days in advance of your proposed start date

Business Name: _____

1. ___ Completed & Signed Application
2. ___ Fee Payment
(Payments can be made online at www.pay.gov with a credit card, debit card or check or by mail – make checks payable to: National Park Service)
3. ___ Insurance Certificate (with US Government as an additional insured)
4. ___ Visitor Acknowledgement of Risk
5. ___ Big Game Transporter License
6. ___ **Mountaineering Guides** must submit a Standard Operating Plan
7. ___ FAA Operating Certificate (Part 135)
8. ___ Letter of Operations Specifications from FAA (Foreign Air Carriers)

Reminder: Including a copy of your Certificate of Insurance with the application will speed the process. This is generally the largest cause of delays in processing.

Mail this Application and Fee Payment to:

**National Park Service
Concessions Office
240 West 5th Avenue, Room 114
Anchorage, Alaska 99501**

Note: Applicants paying by check in the mail must provide either their tax payer identification number or social security number directly on their check. The Debt Collection Improvement Act of 1996 requires persons “doing business” with a federal agency to provide this information for debt collection purposes.

FEE SCHEDULE FOR COMMERCIAL USE OPERATORS

National Park Service

Concessions Office

240 West 5th Avenue, Room 114

Anchorage, Alaska 99501

Ph: (907) 644-3362 Fax: (907) 644-3813

Use **BOTH tables** below to determine the amount to send with application. Some parks charge an additional Management Fee that is separate from the Application & Administrative Fee.

Example: Jones Hiking Service wants to work in Wrangell-St. Elias under a 2-year CUA. Mr. Jones fee would include the \$300 Application & Administrative Fee as specified in the Basic Fee Table above plus the annual \$100 Management Fee for Wrangell-St. Elias specified below for a total payment of \$400.

It is not necessary to write separate checks for any of the fee payments.

BASIC FEE SCHEDULE

(Application & Administrative Fee)

(Check table below to see if you need to send any amount in addition to this Basic Fee).

Number of Parks	Application/Administrative Fee 2-Year CUA (Send with Application)	Application/Administrative Fee 1-Year CUA (Send with Application)
1	\$300	\$200
2	\$400	\$250
3	\$500	\$300
4	\$600	\$350
5	\$700	\$400
6	\$800	\$450

Your fee may be more than the amount specified in the **BASIC FEE SCHEDULE** above. If you are requesting a CUA to operate in any park unit(s) listed in the **MANAGEMENT FEE SCHEDULE** table below, you will also need to pay the amount shown.

MANAGEMENT FEE SCHEDULE

Denali National Park & Preserve	\$100.00
Glacier Bay National Park & Preserve	\$100.00
*Western Arctic National Parklands	\$100.00
Wrangell-St. Elias National Park & Preserve	\$100.00

Note:** The Western Arctic National Parklands is comprised of Bering Land Bridge National Preserve, Cape Krusenstern National Monument, Kobuk Valley National Park and Noatak National Preserve. There is a flat fee amount of \$100 if working in any park unit within the Western Arctic National Parklands. It does not matter if you work in just one or all four park units within the Western Arctic National Parklands; your annual Management Fee is still \$100 (NOT \$100 per park***).

Administrative Fee for Late Payments

(Applies to all park units)

This fee is based on the current interest rate as specified under the Prompt Payment Act. At this time, the rate is currently 3.25% for each 30-day period or portion thereof, of any unpaid balance, plus an administrative fee \$5.00 for each related transaction.