



COMMERCIAL USE AUTHORIZATION APPLICATION

Mount Rainier National Park
55210 238th Avenue East
Ashford, WA 98304
mora_commercial_services@nps.gov



Refer to application instructions at the end of this application. Some parks have additional requirements for businesses that offer services to visitors relating to the safety and welfare of the visitors and protection of the resources. These requirements may include applicable operating licenses, certificates showing proof of training, operating plans, emergency response plans, group size limitations, etc.

1. Service for which you are applying:

- Single Trip Guides Climbing
- Drive-in Campground Use
- Shuttles
- Step-On-Guides
- Winter Day and Overnight Use (Skiing, Snowshoeing, Training)
- Summer Backpacking
- Summer Day Hiking
- Photography & Art Courses
- Bicycle Tours

2. Will you be providing this service in more than one park? Yes No *If "Yes", list all parks and services provided.*

3. Applicant's Legal Business Name: *[Include any additional names (DBA) under which you will operate.]*

4. Owner and Authorized Agents: *(Give the name(s) of the owners and name(s) of the persons designated as Authorized Agents for your business. Authorized Agents have the power to sign on your behalf.)*

5. Mailing Addresses

PRIMARY CONTACT INFORMATION *(Dates to contact you at this address, if seasonal.)*

Address:

City, State, Zip:

Email:

Website:

Day Phone:

Evening Phone:

Fax:

ALTERNATE CONTACT INFORMATION *(Dates to contact you at this address, if seasonal.)*

If same as "Primary Contact Information, check here and go to question 6.

Address:

City, State, Zip:

Email:

Website:

Day Phone:

Evening Phone:

Fax:

6. What is your Business Type? *(Please check one below)*

- Sole Proprietor
- Partnership *(Print the names of each partner. If there are more than two partners, please attach a complete list of their names.)*

Name:

Name:

- Limited Liability Company
- Corporation
- Non-Profit *(Please attach a copy of your IRS Ruling or Determination Letter)*
- Other

7. **Business License – State and Number:**

Expiration Date:

8. **Employer Identification Number (EIN):**

9. **Liability Insurance:**

Provide proof of liability insurance. The CUA operator must maintain General Liability insurance naming the United States of America as additional insured. Minimum coverage amount is \$500,000 per occurrence. Some activities will require increased coverage or other types of liability insurance; see Park-Specific CUA Insurance Requirements (“Attachment A”).

10. **Will your business operate vehicles/vessels/aircraft within NPS boundaries?**

Yes No

Information for vehicles/vessels/aircraft chartered from and operated by another company is NOT required. If “Yes,” please give a description of each vehicle. Use additional paper, if necessary.

Make/Model of Vehicle	Year	Max # Passenger Capacity	Own/Rent/Lease

11. **Additionally Required Documentation:**

Parks may require proof of licenses, registrations and certificates, etc. Provide copies of additionally required documentation identified in “Attachment B”.

12. **DOI Employment:**

Are you, your spouse, or minor children employed within the U.S. Department of the Interior?

Yes No If “Yes”, please provide information below:

Employee Name:

Title:

Bureau or Office where employed:

If you selected yes, to 12., please contact your servicing ethics office for further guidance prior to submitting this form. A list of servicing ethics offices can be found at, <https://www.doi.gov/ethics>.

13. **Violations:** To your knowledge, have you, your company, or any current or proposed employees been convicted or fined for violations of State, Federal, or local law within the last 5 years? Are you, your company, or any current or proposed employees now under investigation for any violations of State, Federal, or local law or regulation? See instructions.

Yes No If “Yes”, please provide the following information. Attach additional pages, if necessary.

Date of violation or incident under investigation:

Name of business or person(s) charged:

Please identify the law or regulation violated or under investigation:

Please identify the State, municipality, or Federal agency that initiated the charges:

Additional Detail (optional):

(Results) Action Taken by Court:

14. **Fee:** Please include the Application Fee as outlined in Attachment B.

15. 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. 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.

X

Signature and Date

Printed Name

Title

NOTICES

Privacy Act Statement

Authority: The authority to collect information on the attached form is derived from 16 U.S.C. 5966, Commercial Use Authorizations.

Purpose: The purposes of the system are (1) to assist NPS employees in managing the National Park Service Commercial Services program allowing commercial uses within a unit of the National Park System to ensure that business activities are conducted in a manner that complies with Federal laws and regulations; (2) to monitor resources that are or may be affected by the authorized commercial uses within a unit of the National Park System; (3) to track applicants and holders of commercial use authorizations who are planning to conduct or are conducting business within units of the National Park System; and (4) to provide to the public the description and contact information for businesses that provide services in national parks.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C.552a(b) of the Privacy Act, records or information contained in this system may be disclosed outside the National Park Service as a routine use pursuant to 5 U.S.C. 552a(b)(3) to other Federal, State, territorial, local, tribal, or foreign agencies and other authorized organizations and individuals based on an authorized routine use when the disclosure is compatible with the purpose for which the records were compiled as described under the system of records notice for this system.

Disclosure: Providing your information is voluntary, however, failure to provide the requested information may impede the processing of your commercial use authorization application.

Paperwork Reduction Act Statement

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (54 USC 101911). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your ability to offer the services requested and to notify the public what services you will offer. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. OMB has assigned control number 1024-0268 to this collection.

Estimated Burden Statement

We estimate that it will take approximately 2.5 hours to prepare an application, including time to review instructions, gather and maintain data, and complete and review the proposal. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Information Collection Officer, National Park Service, 12201 Sunrise Valley Drive, MS-242, Reston, VA 20192. Please do not send your completed form to this address; but rather to the address at the top of the form.

The following explanations correspond directly with the numbered items on the Application Form. Please read this entire document prior to completing the application. Include the nonrefundable application fee when submitting this application.

COMMERCIAL USE AUTHORIZATION APPLICATION INSTRUCTIONS

1. Enter the service you are proposing to provide. These are the services which are currently approved in the park:

Single Trip Guides Climbing	Winter Day and Overnight Use (Skiing, Snowshoeing, Training)	Drive-in Campground Use
Summer Backpacking	Photography and Art Courses	Shuttles
Summer Day Hiking	Bicycle Tours	Step-On-Guides

If the service you are proposing to provide is not a currently approved service listed above, contact the park CUA office at the number above.

2. Respond "No" or list other parks where you will be providing this service.
3. Enter the legal name of your business. If you have a secondary name under which you are doing business (d.b.a.), please enter that name also.
4. Give the name(s) of owners and name(s) of persons designated as Authorized Agents for your business. Authorized Agents have the power to sign on your behalf.
5. Provide contact information for both the main season and the off-season. Your contact information may also be published in the NPS Commercial Services Directory.
6. Check the box that identifies your type of business.
7. If the state in which you operate or the state where your business is domiciled requires a state business license, provide the state, license number and year of expiration.
8. Provide your Employer Identification Number (EIN). The Debt Collection Improvement Act of 1996 requires us to collect an EIN or Social Security Number (SSN). The NPS will not collect SSNs, only EINs. The EIN is issued by the Internal Revenue Service. You may receive a free EIN at <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/How-to-Apply-for-an-EIN>. We will use the EIN that you provide as needed to collect debts.
9. Provide proof of General Liability Insurance naming the United States of America, as additional insured in the amounts designated in the application. Provide proof of vehicle/vessel/aircraft liability insurance if you own, rent, or lease vehicles/vessels/aircraft and transport visitors by those means or if those owned, rented, or leased vehicle/vessel/aircraft are engaged in providing the service (i.e., hauling horses used in the activity). Insurance companies must be rated at least A- by the most recent edition of A.M. Best's Key Insurance Reports (Property-Casualty edition) or similar insurance rating companies (Moody's, Standard and Poor's, or Fitch). You may be subject to additional insurance requirements. Refer to "Attachment A".
10. Provide a description of each owned, rented, or leased vehicle/vessel/aircraft you will utilize during the course of the proposed commercial service. Information for vehicles/vessels/aircraft chartered from and operated by another company is not required.
11. Provide copies of additional documentation as required by "Attachment B".
12. Indicate if you, your spouse, or parent (if you are a minor child) is employed by the U.S. Department of the Interior (Department). Departmental ethics regulations at 5 C.F.R. § 3501.103(c) prohibit Department employees, their spouses, and minor children, from acquiring or retaining permits, leases, and other rights in Federal lands granted by the Department. This prohibition includes any commercial use authorization to conduct commercial activities or services on Department property.
13. Provide details if your business or business owners or current employees or proposed employees have been convicted or are currently under charges for violation of State, Federal, or local law or regulation in the last 5 years. Do not include minor traffic tickets.
14. Include payment of the Application Fee - \$ [insert amount]. See "Attachment" B.
15. Please sign and date your application. If the person SIGNING this application is an Authorized Agent for the business, proof of signing authority must accompany this application.

PARK SPECIFIC APPLICATION REQUIREMENTS COMMERCIAL USE AUTHORIZATION

THE FOLLOWING ADDITIONAL ITEMS MUST BE SUBMITTED WITH YOUR SIGNED APPLICATION:

The park accepts applications annually for the next year's activities. Mount Rainier limits the number of CUA it issues. To ensure your application is as competitive as possible, please review the list of additional materials below and follow the park's application timeline as noted in the monthly round instructions/detail below.

16. Operating Plan – At a Minimum Must Include:

- a. Description of proposed services to be provided.
 - i. Proposed itinerary for planned trips during at least the first year of authorization. Itinerary should include beginning and ending dates, routes, entry and exit trailhead, and camping locations.
 1. Single Trip Guides Climbing itineraries should include at least one alternate itinerary in case the preferred trip is unavailable.
 - ii. Group size, including guide to client ratio.
 - iii. Lesson plan in Leave No Trace practices, including park rules and regulations, sanitation precautions/procedures, and other resource protection measures.
 - iv. Safety Procedures.
 - v. Risk management and emergency procedures including but not limited to evacuation, contact points, use of cellular or satellite phones, first aid equipment and training.
 - vi. Outline of client orientation which at minimum must include:
 1. The National Park Service mission. Found at <https://www.nps.gov/aboutus/index.htm>.
 2. Overview of geologic hazards associated with the Park. Found at <https://www.nps.gov/mora/planyourvisit/geohazards.htm>.

17. Certificate of Insurance meeting NPS requirements. SEE ATTACHMENT A. The United States of America must be included in the **Description of Operations/Locations/Vehicles/Exclusions Added By Endorsement/Special Provisions Section** of the Certificate of Liability and must be listed exactly as written below:

United States of America,
National Park Service
Mount Rainier National
Park Attn: CUA
Coordinator 55210 238th
Avenue East Ashford, WA
98304

18. Guide/Leader Resume, Medical Certifications, LNT Certificate - SEE ATTACHMENT B.

19. CUA Application Fee and Management Fee: SEE FEE SCHEDULE - ATTACHMENT B, for fee amounts for each activity. After making this fee payment on pay.gov, include the receipt with your application.

20. Description of client charges and fees, and what the charges cover. Attach rate sheet.

21. Current brochure and advertising materials or website, etc.

22. Visitor's Acknowledgement of Risk Form - SEE ATTACHMENT C.

23. IF APPLYING FOR A SINGLE TRIP GUIDES, SUMMER OVERNIGHT BACKPACKING, OR WINTER DAY & OVERNIGHT USE CUA, COMPLETE THE APPROPRIATE APPLICATION NARRATIVE RESPONSE - SEE ATTACHMENT F. (THIS DOES NOT APPLY TO SUP APPLICANTS).

24. If applying for a SUP in lieu of a CUA, please include the following:

- A statement attesting that no taxable income will be derived from activities within the NPS boundary.
- Proof of the organization's Federal tax-exempt status that shows the section of the IRS code under which the organization is exempt.

Note: SUPs will need to pay a **monitoring fee** for certain activities just like a CUA. Check the FEE SCHEDULE Attachment B.

Applications must be submitted electronically to: MORA_Commercial_Services@nps.gov

Date applications are accepted: Mount Rainier National Park begins accepting applications annually starting **September 1** for CUAs and **October 1** for SUPs in lieu of CUAs.

SUPs in lieu of CUAs are accepted on a first-come, first-served basis. SUPs are for one year and all activities can be applied for each year.

CUAs are for 2 years and are accepted in monthly rounds. Note the alternate years depending on the activity as follows:

September 1, 2023: Applications accepted for Single Trip Guides Climbing (limit of 15), and Photography and Art Courses (limit of 20) for years 2024/2025.

September 1, 2024: Applications accepted for the following CUAs: Summer Guided Backpacking (limit of 5), Drive-in Campground Use (limit of 10), Guided Day Hiking (limit of 20), Bicycle Tours (limit of 5) for years 2025/2026.

March 1, 2025: Applications accepted for the following CUAs: Guided Winter Day and Overnight Use for Winter 2025/2026 – Winter 2026/2027 (limit of 7).

Monthly rounds: The Park limits the number of CUAs issued for each activity. Applications for CUAs will be accepted in monthly rounds. The September round will accept applications emailed between September 1 and September 30. Any remaining CUAs that were not issued in September will be available for the October round. Those applications emailed October 1 through October 31 will be considered in the October round. After October, it is first-come, first-served for any remaining CUAs.

Application packets need to be emailed between September 1 – 30, 2023 to be eligible for the initial CUA qualification determination. Your application packet will not be considered if incomplete and you will not be solicited for missing information.

Multi-level NPS Qualification Process: Depending upon the number of applications received, the NPS may process the CUA applications in several stages in order to ensure that park safety and resource matters are appropriately addressed. The first stage represents an initial qualification to ensure that specific requirements for each authorized activity are met and all the required information has been provided. If the application is determined by NPS to be complete and meet the minimum qualifications as set forth in the appendices, the CUA application passes the initial qualification and moves to a second stage.

- (a) All applications that pass the initial qualification will be grouped by activity at the end of each month. If there are an equal or fewer number of successful applicants for a given CUA activity, then a CUA will be issued to each applicant. If there are more successful applicants having passed the initial qualification than the number of CUAs for a given activity, the NPS will perform a second qualification round. The superintendent will select as the best application (from among the qualified applications) that the superintendent determines on the basis of a narrative explanation outlined in the Operating Plan that will, on an overall basis, best provide the park with the greatest demonstration of (1) resource protection, (2) safety and responsiveness to its customers and park visitors.
- (b) Operating plan responsiveness to customers and resource protection information or narrative could include:
 - Specific examples of business operations undertaken by the Applicant that demonstrate these objectives.
 - Details of overall background and experience in providing services similar to those that are to be provided.
 - Resumes of key individuals that you will employ to carry out management and operations under the contract that demonstrate these objectives. Describe how you will employ the Leave No Trace Program as part of your operation in Mount Rainier National Park.

Confirmation and Award: All requests for CUAs will receive a response from our office. If the application results in award, the CUA will be emailed to the applicant for signature. If the entity is not awarded a CUA, the administrative fee will be returned.

Attachment A: INSURANCE REQUIREMENTS

Attachment B: LIST OF APPROVED SERVICES, ADDITIONAL REQUIRED DOCUMENTATION, AND FEE INFORMATION.

Attachment C: VISITOR'S ACKNOWLEDGEMENT OF RISKS

Attachment D: PARK CONDITIONS THAT APPLY TO EACH ACTIVITY

Attachment E: COMMERCIAL-FREE ZONES

Attachment F: APPLICATION NARRATIVE RESPONSE

Additional Information: The National Park Service has terms and conditions on all commercial service agreements. The following terms and conditions will apply to all Commercial Use Authorizations. There may be additional terms and conditions based on the services provided. These may include but are not limited to limits on locations, times, group size, and employee licenses and certifications and providing such information to the park superintendent for approval.

CONDITIONS OF THIS AUTHORIZATION

1. **False Information:** The holder is prohibited from knowingly giving false information. To do so will be considered a breach of conditions and be grounds for revocation: [RE: 36 CFR 2.32(a) (3)].
2. **Legal Compliance:** The holder shall exercise this privilege subject to the supervision of the area Superintendent. The holder shall comply with all applicable laws and regulations of the area and terms and conditions of the authorization. The holder must acquire all permits or licenses of State or local government, as applicable, necessary to provide the services described above, and, must operate in compliance with all applicable Federal, State, and local laws and regulations, including, without limitation, all applicable park area policies, procedures and regulations. All vehicles/vessels/aircraft are required to be registered and the operators are required to have the proper licenses to operate them commercially, as required by law or regulation.
3. **Rates:** The holder shall provide commercial services under this authorization to visitors at reasonable rates satisfactory to the area Superintendent.
4. **Operating Conditions:** The holder shall provide the authorized commercial services to visitors under operating conditions satisfactory to the area Superintendent.
5. **Liabilities and Claims:** This authorization is issued upon the express condition that the United States, its agents and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury, injuries, or death to any person or persons or property of any kind whatsoever, whether to the person or property of the holder, its agents or employees, or third parties, from any cause or causes whatsoever while in or upon said premises or any part thereof during the term of this authorization or occasioned by any occupancy or use of said premises or any activity carried on by the holder in connection herewith, and the holder hereby covenants and agrees to indemnify, defend, save and hold harmless the United States, its agents, and employees from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same.
6. **Insurance:** Holder agrees to carry general liability insurance against claims occasioned by the action or omissions of the holder, its agents and employees in carrying out activities and operations under this authorization. The policy shall name the United States of America as additional insured. Holder agrees to have on file with the park copies of the above insurance with the proper endorsements.
7. **CUA Fees:** At a minimum, the holder shall reimburse the park for all costs incurred by the park as a result of accepting and processing the application and managing and monitoring the authorized activity. Administrative costs for the application process must be paid when the application is submitted. Monitoring fees and any additional costs incurred by the park to support the commercial activity will be paid annually or on a more frequent basis as determined by mutual agreement between the Holder and the area Superintendent.
8. **Benefit:** No member of, or delegate to, Congress, or Resident Commissioner shall be admitted to any share or part of this authorization or to any benefit that may arise from this authorization. This restriction shall not be construed to extend to this Contract if made with a corporation or company for its general benefit.
9. **Transfer:** This authorization may not be transferred or assigned without the written consent of the area Superintendent.
10. **Termination:** This authorization may be terminated upon breach of any of the conditions herein or at the discretion of the area Superintendent.
11. **Preference or Exclusivity:** The holder is not entitled to any preference to renewal of this authorization except to the extent otherwise expressly provided by law. This authorization is not exclusive and is not a concession contract.
12. **Construction:** The holder shall not construct any structures, fixtures or improvements in the park area. The holder shall not engage in any groundbreaking activities without the express, written approval of the area Superintendent.
13. **Reporting:** The holder is to provide the area Superintendent upon request a statement of its gross receipts from its activities under this authorization and any other specific information related to the holder's operations that the area Superintendent may request, including but not limited to, visitor use statistics, and resource impact assessments. The holder must submit annually the CUA Annual Report (NPS Form 10-660) and upon request the CUA Monthly Report (NPS Form 10-660A).

14. **Accounting:** The holder is to maintain an accounting system under which its accounts can be readily identified within its system of accounts classification. This accounting system must be capable of providing the information required by this authorization. The holder grants the United States of America access to its books and records at any time for the purpose of determining compliance with the terms and conditions of this authorization.
15. **Minimum Wage:** For CUAs awarded prior to January 30, 2022, the holder must comply with all provisions of Executive Order 13658 of February 12, 2014, (Establishing a Minimum Wage for Contractors) and its implementing regulations, including the applicable contract clause, codified at 29 C.F.R. part 10, all of which are incorporated by reference into this authorization as if fully set forth in this authorization. For CUAs awarded on or after January 30, 2022, the holder must comply with all provisions of Executive Order 14026 of April 27, 2021, (Increasing the Minimum Wage for Federal Contractors) and its implementing regulations, including the applicable contract clause, codified at 29 C.F.R. part 23, all of which are incorporated by reference into this authorization as if fully set forth in this authorization.
16. **Visitor Acknowledgment of Risks (VAR):** The holder is not permitted to require clients sign a waiver of liability statement or form, insurance disclaimer, and/or indemnification agreement waiving the client's right to hold the CUA holder responsible for accidents or injury occurring on NPS property. The holder is permitted to request or require a client to sign a form or statement acknowledging risk and/or indicating that certain prerequisite skills may be needed to participate in the commercial activity. The holder must provide the park with the current copy of all forms and/or statements used for this purpose and obtain written approval by the park to use the form and/or statement. A sample Acknowledgment of Risk form may be obtained by contacting the CUA office at 253.307.6361 or by going to the park CUA webpage at <https://www.nps.gov/mora/getinvolved/commercial-services.htm>.
17. **Intellectual Property of the National Park Service:** Except with the written authorization of the Director of the National Park Service, the Holder shall not assert any legal claim that the Holder or any related entity holds a trademark, tradename, service mark or other ownership interest in the words "National Park Service", the initials "NPS", or official name of any unit or part thereof, including but not limited to any facility, logo, distinctive natural, archaeological, cultural, or historic site, within the National Park System, or any colorable likeness thereof, or the likeness of a National Park Service official uniform, badge, logo, or insignia.
18. **Nondiscrimination:** The holder must comply with Applicable Laws relating to nondiscrimination in providing visitor services to the public and with all equal employment opportunity provisions of Title VII of the Civil Rights Act, as amended.
19. **Notification of Employee Rights:** The holder must comply with all provisions of Executive Order 13496 of January 30, 2009, (Notification of Employee Rights Under Federal Labor Laws) and its implementing regulations, including the applicable contract clause, codified at 29 CFR part 471, appendix A to subpart A, all of which are incorporated by reference into this authorization as if fully set forth in this authorization.

ATTACHMENT A
CUA Insurance Requirements Commercial General Liability (CGL) Insurance

Liability insurance is required for all CUA holders under the terms of the authorization. Such insurance should be of sufficient scope to cover all potential risks and in an amount to cover claims that can reasonably be expected in the event of serious injury or death. The minimum commercial general liability insurance is **Climbing is \$1,000,000 per Occurrence/ \$2,000,000 General Aggregate** and for **all other activities is \$500,000 per Occurrence/ \$1,000,000 General Aggregate**. Liability insurance policies must name the United States of America as additional insured. The business or person that is providing the service must be the named insured (policy holder). Companies that provide transportation only are not required to have Commercial General Liability as long as the passengers do not disembark.

Liability Insurance	Minimum per Occurrence Liability Limits	General Aggregate
Single Trip Guides (guided climbing)	\$1,000,000	\$2,000,000
Backpacking, Day Hiking, Winter Use, Photography, Bicycle, Drive-in Campground, Step-On-Guides	\$500,000	\$1,000,000

Other Required Insurance

Commercial Auto Liability Insurance is required if a CUA holder transports passengers or uses in the performance of the service in the park owned/leased/rented vehicles. If a CUA holder charters the vehicle and those chartered vehicles are owned and operated by another company, the CUA holder is not required to have Commercial Automobile Liability insurance. The minimum Commercial Auto Liability Insurance for *intrastate* passenger transport is \$1,500,000. The minimum Commercial Auto Liability Insurance for passenger transport is:

Commercial Vehicle Insurance – Passenger Transport (bodily injury and property damage)	Minimum per Occurrence Liability Limits*
Up to 6 passengers	\$1,000,000
7 – 15 passengers	\$1,500,000
16 – 25 passengers	\$3,000,000
26+ passengers	\$5,000,000

Insurance Company Minimum Standards

The NPS has established the following minimum insurance **company** requirements. All insurance companies must meet the following minimum standards. These standards apply to foreign insurance companies as well as domestic companies.


1. All insurers for all coverages must be rated no lower than A- by the most recent edition of Best's Key Rating Guide (Property- Casualty edition), or similar insurance rating companies (Moody's, Standard and Poor's, or Fitch), unless otherwise authorized by the Service.
2. All insurers for all coverages must have Best's Financial Size Category of at least VII according to the most recent edition of Best's Key Rating Guide (Property-Casualty edition), or similar insurance rating companies (Moody's, Standard and Poor's, or Fitch), unless otherwise authorized by the Service
3. The insurance ratings must be submitted with the CUA Application. The rating companies do not issue certificates. We require the insurance broker to note this rating in the Certificate. If the rating does not appear on the certificate, the insurance broker must provide it in another document.

Proof of Insurance Submission

Applicants must submit proof of insurance with the CUA Application. The proof of insurance must:

- Be written in English with monetary amounts reflected in USD
- Reflect that insurance coverage is effective at time of CUA Application submission
- Name as insured the business or person that is providing the service
- Name the United States as additional insured
- Reflect a General Commercial Liability Policy with the minimum coverage amount required in the CUA Application
- Reflect required additional insurances (commercial vehicle, vessel, aircraft, etc.) with the minimum coverage amount required in the CUA Application
- Include insurance provider rating or provide in separate document

EXAMPLE OF CERTIFICATE OF LIABILITY INSURANCE FORM:

		CERTIFICATE OF LIABILITY INSURANCE			DATE (MMDD/YYYY)	
PRODUCER		THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED		INSURERS AFFORDING COVERAGE		NAIC #		
		INSURER A:				
		INSURER B:				
		INSURER C:				
		INSURER D:				
		INSURER E:				
COVERAGES						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Commercial General Liability is required. Please refer to application for coverage limit requirements.			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Automobile Liability is required if you transport any clients or trailers into the park. Please refer to application for coverage limit requirements.			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						
Additional Insured United States of America, National Park Service Mount Rainier National Park 55210 238th Avenue East Ashford, WA 98304 AM Best Ratings should be added here				***The additional insured information must be added to this section of the COL for it to be accepted. AM Best Rating doesn't need to be added here, but should be sent as an additional attachment if not included on here.		
CERTIFICATE HOLDER			CANCELLATION			
United States of America, National Park Service Mount Rainier National Park Attn: CUA Coordinator 55210 238th Avenue East Ashford, WA 98304			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
			AUTHORIZED REPRESENTATIVE			

ATTACHMENT B
List of Approved Service, Additionally Required Documentation, and Fee Information

AUTHORIZED COMMERCIAL SERVICE	REQUIRED DOCUMENTATION	REQUIRED FEES CUA (2-year CUA)	REQUIRED FEES SUP in lieu of CUA (1-year SUP)	Wilderness Permit Fee
Single Trip Guides Climbing	<p>Lead Guide must submit one of 1.a-d:</p> <ol style="list-style-type: none"> 1. <ol style="list-style-type: none"> a) American Mountain Guides Association (AMGA) Alpine Guide Certification. b) AMGA Ski Guide Certification. c) International Federation of Mountain Guides Association (IFMGA) a.k.a. the UIAGM (Union Internationale des Associations de Guide de Montagne) Full Guide Certification. Equivalent, documented training, and experience. The Park will review guide qualifications to determine if they are equivalent to the accepted certifications listed above. <p>Lead guides must also submit:</p> <ol style="list-style-type: none"> 2. Copy of Avalanche Rescue and (minimum) Recreation Level 2 (or equivalent of both certificates). <p>Statement of lead guide having climbed Rainier: when and which route(s).</p> <p>All guides must submit:</p> <ol style="list-style-type: none"> 4. Copy of Wilderness First Responder Certification (or equivalent). 5. Documentation of Leave No Trace Trainer training (or equivalent). <p>Climbing resume, certifications, and other relevant information.</p> <p>Answers to the Narrative Questions - see Attachment F.</p>	<p>Application fee: \$500</p> <p>Management fee: \$400</p> <p>\$900 due with application.</p> <p>Monitoring fee: \$130 annually. Due January 31</p>	<p>Application fee: \$225</p> <p>Management fee: \$225</p> <p>\$450 due with application.</p> <p>Monitoring fee: \$130 annually. Due January 31</p>	<p>\$26.00 Reservation Fee will be billed by January 31st.</p>
Winter Day and Overnight Use (Skiing, Snowshoeing, Training)	<p>All guides must submit:</p> <ol style="list-style-type: none"> 1. Copy of Wilderness First Responder certification required for lead guide. CPR and First Aid minimum for additional guides. If the guided group stays within 1 mile of their vehicles, then First Aid and CPR certifications are adequate for all guide(s). 2. Documentation of Leave No Trace Trainer training (or equivalent). 3. Guide resume, certifications, and other relevant information. 	<p>Application fee: \$500</p> <p>Management fee: \$250</p> <p>\$750 due with application.</p> <p>Monitoring fee for overnight use: \$65. Due January 31st.</p>	<p>Application fee: \$200</p> <p>Management fee: \$175</p> <p>\$375 due with application.</p> <p>Monitoring fee for overnight use: \$65. Due January 31st.</p>	<p>A wilderness permit is required for all overnight camping and climbing in the wilderness.</p>
Drive-in Campground Use	<p>All guides must submit at minimum a copy of First Aid and CPR certification.</p>	<p>Application fee: \$200</p> <p>Management fee: \$100</p> <p>\$300 due with application</p>	<p>Application fee: \$100</p> <p>Management fee: \$50</p> <p>\$150 due with application.</p>	

<p>Summer Backpacking</p>	<p>All guides must submit: 1. Copy of Wilderness First Responder or First Responder certification required for lead guide. CPR and First Aid minimum for additional guides. 2. Documentation of Leave No Trace Trainer training (or equivalent). 3. Guide resume, certifications, and other relevant information.</p> <p>Answers to the Narrative Questions - see Attachment F</p>	<p>Application fee: \$300 Management fee: \$300 \$600 due with application. Monitoring fee: \$65 annually, due January 31st.</p>	<p>Application fee: \$150 Management fee: \$150 \$300 due with application. Monitoring fee: \$65 annually, due January 31st.</p>	<p>\$26.00 Reservation Fee will be billed by January 31st.</p>
<p>Photography and Art Courses</p>	<p>1. Copy of Wilderness First Responder or First Responder certification required for lead guide. CPR and First Aid minimum for additional guides. If the guided group stays within 1 mile of their vehicles, then First Aid and CPR certifications are adequate for all guide(s). 2. Documentation of Leave No Trace Trainer training (or equivalent) if guiding beyond 1 mile from the vehicle. If guided group stays within 1 mile of their vehicles, then Leave No Trace Awareness (or equivalent) is adequate for all guides. 3. Guide resume, certifications, and other relevant information.</p>	<p>Application fee: \$200 Management fee: \$150 \$350 due with application. Monitoring fee: -0-</p>	<p>Application fee: \$100 Management fee: \$75 \$175 due with application.</p>	
<p>Summer Day Hiking</p>	<p>All guides must submit: 1. Copy of Wilderness First Responder certification required for lead guide. CPR and First Aid minimum for additional guides. If the guided group stays within 1 mile of their vehicles, then First Aid and CPR certifications are adequate for all guide(s). 2. Documentation of Leave No Trace Trainer training (or equivalent). 3. Guide resume, certifications, and other relevant information.</p>	<p>Application fee: \$200 Management fee: \$150 \$350 due with application. Monitoring fee: -0-</p>	<p>Application fee: \$100 Management fee: \$75 \$175 due with application.</p>	
<p>Mountaineering Training</p>	<p>Lead Guide must submit one of 1.a-d: 1. a) American Mountain Guides Association (AMGA) Alpine Guide Certification. b) AMGA Ski Guide Certification. c) International Federation of Mountain Guides Association (IFMGA) a.k.a. the UIAGM (Union Internationale des Associations de Guide de Montagne) Full Guide Certification. d) Equivalent, documented training, and experience. The Park will review guide qualifications to determine if they are equivalent to the accepted certifications listed above.</p> <p>Lead guides must also submit: 1. Copy of Avalanche Rescue and (minimum) Recreation Level 2 (or equivalent of both certificates). 2. Statement of lead guide having climbed Rainier: when and which route(s).</p> <p>All guides must submit: 3. Copy of Wilderness First Responder Certification (or equivalent). 4. Documentation of Leave No Trace Trainer training (or equivalent). 5. Climbing resume, certifications, and other relevant information</p>	<p>Contact CUA Coordinator for further information.</p>		

Shuttles	Applicant shall provide evidence of licensing and permitting by the appropriate jurisdiction (generally licensing through the Washington State Department of Transportation and registration to operate in Washington State).	Contact CUA Coordinator for further information.		
Bicycle Tours	All guides must submit at minimum a copy of First Aid and CPR certification.	Application fee: \$200 Management fee: \$100 \$300 due with application.	Application fee: \$100 Management fee: \$50 \$150 due with application.	
Step-On-Guides	All guides must submit at minimum a copy of First Aid and CPR certification.	Contact CUA Coordinator for further information.		

Please pay all application, management, and monitoring fees on pay.gov. Type "Rainier" in the search bar and select the proper form from the choices. Include the payment receipt for the combined Application Fee and Management Fee with your application. If applying for more than one activity, complete a separate Application and enter each fee payment separately.

Entrance Fee – Paid at the entrance station by all CUA groups. The driver is required to stop at the entrance station and show the fee collector the CUA. All CUA groups are charged on a per-person basis. The entrance fee is \$15 per client (no charge for paid guides and/or drivers, and anyone under 16 years of age). If any of your clients has a Mount Rainier National Park Annual pass or an America the Beautiful™ Interagency pass (Annual / Senior / Military / Access / Volunteer / Every-Kid-in-a-Park™) with valid ID, entrance fees will be waived for the pass-holder and up to 3 additional adults—provided they are in the same vehicle, or, for clients entering on bicycle or foot, they enter the park simultaneously. Passes must be in client's names, not in the CUA-holder's name. A driver's National Park Pass cannot be used to cover clients.

ATTACHMENT C VISITOR'S ACKNOWLEDGEMENT OF RISKS

In consideration of the services of _____ their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "_____") I agree as follows:

Although _____ has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, _____ has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. _____ does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

[description of risks]

I am aware that _____ entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of _____ has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

Signature

Date

Signature of Parent or Guardian, if participant is under 18 years of age

Signature

Date

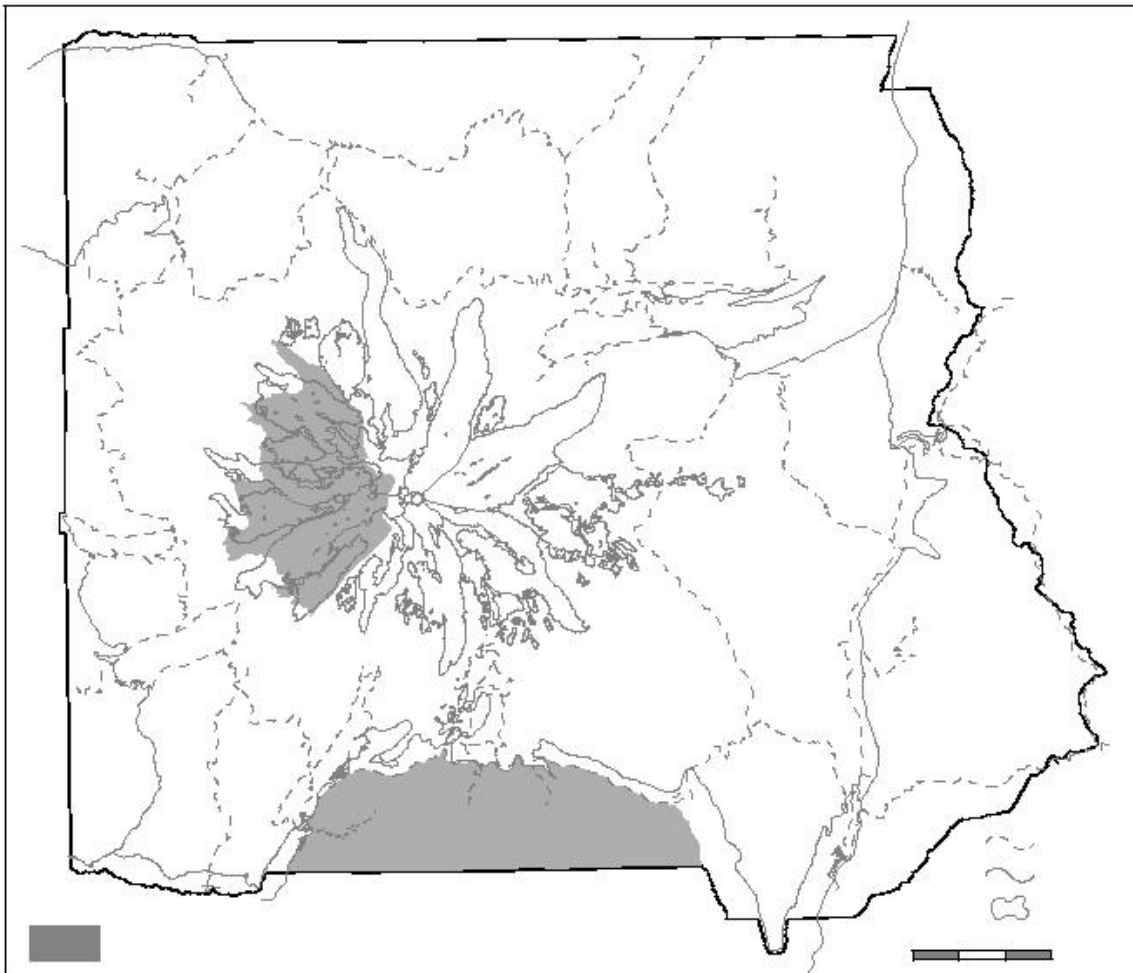
<p>Summer Backpacking (Guiding on designated trails that include overnight camping in the backcountry.)</p> <p>5 CUAs</p> <p>5 SUPs</p>	<ol style="list-style-type: none"> 1. One trip per year up to 5 nights in duration. 2. 12 people per group maximum including guides/instructors. 3. There will be a minimum of 1 guide for every 5 clients. 4. All groups must use group sites (no splitting of parties). 5. No off-trail use (cross-country travel, hiking on undesignated trails or hiking in the non-commercial use zones). 6. No Friday or Saturday night stays, with the exception of Ipsut Creek Campground which is available 7 nights a week. 7. No more than one night's stay in any one trailside camp. 8. Specific to the Use of the Wonderland Trail: No overnight use of the Wonderland Trail in July and August. Ipsut Creek Campground is an exception and is available for camping May 15 – September 30. 9. Due to limited parking, no more than 2 commercial vehicles can be parked at a trailhead at one time in the park (with the exception of the Paradise lower lot, Longmire and Sunrise parking lots). 10. The CUA holder is encouraged to comply with the guidelines of the US Public Health Service for Food, Potable Water, Human Waste, Vector-Borne and Zoonotic Diseases, and Illness Reporting in backcountry operations (www.nps.gov/public_health/index.htm, click on "State Health Departments"). 11. Annual Reporting Requirements: All Annual Use Reports are due each year no later than November 15.
<p>Summer Day Hiking</p> <p>20 CUAs. The number of trips the applicant proposes will determine the CUA the applicant will be issued.</p> <ol style="list-style-type: none"> 1. Ten CUAs allow 12 trips maximum. 2. Six CUAs allow 20 trips maximum. 3. Four CUAs allow 40 trips maximum. <p>5 SUPs. The number of trips the applicant proposes will determine the SUP the applicant will be issued.</p> <ol style="list-style-type: none"> 1. Two SUPs allow 12 summer trips maximum. 2. Two SUPs allow 20 summer trips maximum 3. One SUP allows 40 summer trips maximum. 	<ol style="list-style-type: none"> 1. May guide groups from May 15 through September 30 (inclusive). 2. Maximum group size is 12 (including guides). Only 1 group per day allowed. 3. Five clients per guide (maximum) recommended. 4. One trip per day (can include multiple locations with the same group). 5. No off-trail use (cross-country travel, hiking on undesignated trails or in Commercial-Free zone). 6. Commercial day hikes are <u>not</u> allowed on these trails: Paradise Meadows and Skyline Trail (with the exception of passing through to Camp Muir), Nisqually Vista Trail, Ohanapecosh Hot Springs Trail, Grove of the Patriarchs, Trail of Shadows, Fremont Lookout, and the Sunrise Loop Trail by Frozen Lake (with the exception of passing through to Burroughs Mountain or Berkeley Park). 7. Due to limited parking, no more than 2 commercial vehicles can be parked at a trailhead at one time in the park (with the exception of the Paradise lower lot, Longmire and Sunrise parking lots). 8. The CUA holder is encouraged to comply with the guidelines of the US Public Health Service for Food, Potable Water, Human Waste, Vector-Borne and Zoonotic Diseases, and Illness Reporting in backcountry operations (www.nps.gov/public_health/index.htm, click on "State Health Departments"). 9. Annual Reporting Requirements: All Annual Use Reports are due each year no later than November 15.

ATTACHMENT E COMMERCIAL-FREE ZONES

Area 1 - West Side Alpine Commercial Free Zone: Success Cleaver clockwise to Ptarmigan Ridge (inclusive) from 6,000 feet elevation on the lower edge to 13,500 feet elevation on the upper edge.

Area 2 - Tatoosh Commercial Free Zone: A low elevation commercial free area on the south side of the Wonderland Trail between the Muddy Fork Cowlitz River, westward to the Nisqually River/Eagle Peak area and encompassing the Tatoosh Range within the park. This area would be defined as the area between the Nisqually River and the Muddy Fork of the Cowlitz River, south of the Wonderland Trail and Stevens Canyon Road (whichever is further south). It would not include the Longmire Campground or administrative access road to Skate Creek Road (USFS Road 52).

COMMERCIAL-FREE ZONES MAP



ATTACHMENT F
APPLICATION NARRATIVE RESPONSE

In a separate document, provide the following information (concise responses are appreciated).

Required for Winter Day and Overnight CUA applications. This does not apply to Special Use Permits in lieu of a CUA.

1) RESOURCE PROTECTION

- a) The Organic Act created the NPS and subsequently Mount Rainier was designated as wilderness under the Wilderness Act. Describe the missions established by these two laws and how they apply to Mount Rainier.
- b) Describe the range and extent of cultural and environmental information that the guides will be prepared to share with clients.
- c) Describe the resource protection measures taken to avoid impacts to ecosystems and other visitors' experiences.

2) VISITOR SAFETY

- a) Describe your accident prevention program – include safety precautions, procedures, environment assessment and client assessment.
- b) Describe your ability to safely manage incidents and emergencies that minimize injury, natural resource loss, or equipment loss.

3) Relevant Experience

- a) State in detail your company's overall background and experience in the safe provision of winter recreation services. Include experience travelling over snow, mitigating avalanche hazards, and applying the principles of Leave No Trace in winter conditions like those on Mount Rainier.
- b) Does your company have any previous permits to provide guided winter recreation with any public agencies? Have any permits ever been put on probation, suspended, revoked or denied?
- c) Describe how you expect your employees to act and to interact with other visitors of the park during a guided trip (day and overnight) on Mount Rainier.

Required for Summer Overnight Backpacking CUA applications. This does not apply to Special Use Permits in lieu of a CUA.

1) RESOURCE PROTECTION

- a) The Organic Act created the NPS and subsequently Mount Rainier was designated as wilderness under the Wilderness Act. Describe the missions established by these two laws and how they apply to Mount Rainier.
- b) Describe the range and extent of cultural and environmental information that the guides will be prepared to share with clients.
- c) Describe the resource protection measures taken to avoid impacts to ecosystems and other visitors' experiences.

2) VISITOR SAFETY

- d) Describe your accident prevention program – include safety precautions, procedures, environment assessment and client assessment.
- e) Describe your ability to safely manage incidents and emergencies that minimize injury, natural resource loss, or equipment loss.

3) RELEVANT EXPERIENCE

- f) State in detail your company's overall background and experience in the safe provision of summer recreation services. Include experience traveling over fast-moving river and creek crossings, melting snow bridges, and applying the principles of Leave No Trace in summer conditions like those on Mount Rainier.
- g) Does your company have any previous permits to provide guided summer recreation with any public agencies? Have any permits ever been put on probation, suspended, revoked or denied?
- h) Describe how you expect your employees to act and to interact with other visitors of the park during a guided trip on Mount Rainier.

Required for Guided Climbs CUA applications. This does not apply to Special Use Permits in lieu of a CUA.

1) RESOURCE PROTECTION

- a) The Organic Act created the NPS and subsequently Mount Rainier was designated as wilderness under the Wilderness Act. Describe the missions established by these two laws and how they apply to Mount Rainier.
- b) Describe the range and extent of cultural and environmental information that the guides will be prepared to share with clients.
- c) Describe the resource protection measures taken to avoid impacts to ecosystems and other visitors' experiences.

2) VISITOR SAFETY

- d) Describe your accident prevention program – include safety precautions, procedures, environment assessment and client assessment.
- e) Describe your ability to safely manage incidents and emergencies that minimize injury, natural resource loss, or equipment loss.

3) RELEVANT EXPERIENCE

- f) State in detail your company's overall background and experience in the safe operation of guided mountaineering services. Include experience climbing mountains with climbing conditions similar to those on Mount Rainier.
- g) Does your company have any previous permits to provide guided mountaineering with any public agencies? Have any permits ever been put on probation, suspended, revoked or denied?
- h) Describe how you expect your employees to act and to interact with other climbers during a guided climb on Mount Rainier.