(NPS Form 10-932)
(NEW 10/00)

(OMB No. 1024-0026)
(Expires 09/30/2003)

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
Mount Rushmore National Memorial
13000 Highway 244
Keystone, SD 57751
Application for Photography/Filming Permit - Long Form

Date _____

1st Unit_____
2nd Unit____

GENERAL INFORMATION

Company Name
Address
City/State/Zip
Phone #
FAX #
Producer
Insurance Co.
Federal Tax No. or Social Security No.

Applicant/Agent
Address
City/State/Zip
Phone #
Beeper #
Photographer/Director
Name of Project/Client:

Type of Project:
☐ Stills, editorial ☐ Stills, advertising ☐ stills, other ☐ stock video/photo
☐ Feature Film /TV Movie ☐ TV Series/Pilot ☐ Documentary/Travelogue ☐ Commercial
☐ Music Video ☐ Public Service Announcement ☐ Infomercial ☐ Industrial
☐ Other, explain _____ Sound ☐ Yes ☐ No

Summary of scene(s)

SITE INFORMATION:
Total number of days on site: _____ Shoot _____ Prep _____ Strike _____ Hold
Night work : ☐ No ☐ Yes, explain

SHOOTING SCHEDULE BY LOCATION:

DATE	LOCATION	Start Time	End Time	FILM PREP STRIKE
				☐ ☐ ☐
				☐ ☐ ☐
				☐ ☐ ☐
				☐ ☐ ☐

☐ Exteriors ☐ Interior: Building name _____ ☐ Other, explain

Set dressing or other structures proposed: ☐ No ☐ Yes, explain

To request set construction, off-road activity, trail use, or interior use of building, attach detailed information including proposed Site Plan.

Electrical needs, explain _____ Generator: ☐ No ☐ Yes, size _____ Lighting: ☐ None ☐ Reflectors only ☐ Yes (explain)

Road: _____ Date/time: _____ ☐ Closure requested

☐ Running shots ☐ Driving shots ☐ Drive-bys ☐ Tow shots ☐ Drive-ups & Away ☐ Wet down road

☐ Camera/Equipment on Road Shoulder ☐ Camera/Equipment on median ☐ Other (explain)

OPERATIONAL INFORMATION:

Number of Personnel and Vehicles:

Total Cast & Crew _____ Personal Cars _____ Large Trucks _____ Other Trucks _____ Vans

Camera Car _____ Picture Cars _____ Motor homes _____ Dressing Rooms

Other Vehicles (explain)

Base Camp location

Catering Co. Name _____ Phone #

SPECIAL ACTIVITIES:

Children: ☐ None ☐ Yes # of Children _____ Age Range

Animals: ☐ None ☐ Yes (explain)

Trainer Name: _____ Phone #

Aircraft: ☐ No ☐ Yes (explain)

Special Effects: (identify)

Effects Technician Name: _____ Phone #

License # (if applicable) _____ Permit # (if applicable)

Stunts: (explain)

Coordinator _____ Phone #

Any other unusual or hazardous activities, explain

Attach pages to provide additional information for permit consideration.

Person on location responsible for company's adherence to all terms & conditions of Film Permit:

Name:_____ Title: _____ Phone:

Person on location responsible for coordinating activities with the NPS:

Name: _____ Title: _____ Phone:

Person at the company office to contact for follow up information and billing:

Name: _____ Title: _____ Phone:

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/production company and the project described above.

Signature _____ **Title** _____ **Date** _____
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**. Application and administrative charges are non-refundable. *This completed application should be mailed to Park address information.*

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

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The above application form is provided with the understanding that parks will insert appropriate park names and addresses as desired. In addition, parks are encouraged to request (under separate sheets) any additional information needed to address specific park needs.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW., Washington, D.C. 20240 and to the Information Collection Clearance Officer, Washington Administrative Program Center, 1849 C Street NW., Washington, D.C. 20240. An 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.