(NPS Form 10-932)
(OMB No. 1024-0026)
(NEW 10/00)
(Expires 3/31/2010)

National Park Service
National Capital Region
1100 Ohio Drive, SW, Room 128
Washington, DC 20242

Telephone: (202) 619-7225)

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 insurance naming the United States 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 #:
E-mail:	E-mail:

Project name:	Producer:
Location manager:	Photographer:
Telephone #:	Director:
Cell phone #:	Insurance company:
E-mail:	

TYPE OF PROJECT: Stills, editorial Stills, advertising stills, other stock photo/video/film

Feature Film /TV Movie TV Series/Pilot Documentary/Travelogue Commercial

Music Video Infomercial Industrial Public Service Announcement

Other, explain _____

Will there be sound recording Yes No Night work: No Yes, explain

Detailed description of on-site activities _____

_____

_____

_____

_____

_____

Talent comprise anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, National Park Service and concessioner staff, etc.

Do you intend to utilize talent? Yes No

If yes, provide a full description of who they are and how they will be utilized:

_____

_____

_____

_____

_____

LOCATION SCHEDULE:

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM STRIKE PREP	# of cast & crew*

***number in this column should include all individuals present at the location**

How will individuals with access to the site be identified? (Identification tags are recommended.)

_____

Electrical needs, explain _____ Generator: No Yes, size _____

Lighting: None Reflectors only Yes (explain) _____

_____

Road Use: _____ 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:

Vehicles:

Personal Cars _____ Large Trucks _____ Other Trucks _____ Vans _____Motor homes _____

Semi-Tractor Trailers _____ Camera Car _____ Picture Cars _____ Dressing Rooms _____

Other Vehicles (explain)_____

Large or oversized vehicles may not be able to be accommodated or additional steps may need to be taken to ensure that no damage to park resource occurs.

Vehicles or to be parked on or need access to park property (attach additional sheets if necessary):

MAKE	MODEL	COLOR	STATE	LICENSE PLATE #

Base Camp location (attach diagram if necessary: _____

CATERING INFORMATION

Catering Co. Name _____ Phone Number _____

On-site Manager _____ Food License Information:_____

Equipment: _____

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

_____

_____

_____

_____

_____

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

ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR PERMIT REQUEST INCLUDING: set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site clean up. Include a proposed Site Plan(s).

CONTACTS:

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

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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 _____

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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 the Division of Park Programs at the address found on the first page of this application, or faxed to (202) 401-2430.*

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.

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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. 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 (2465), Washington, D.C. 20240

NATIONAL PARK SERVICE
NATIONAL CAPITAL REGION
Division of Park Programs

Credit Card Billing Information

Applicant: _____

Company (If applicable): _____

Name on Credit Card: _____

Card Holder Authorized Signature: _____

Credit Card Billing Address: _____

_____

Telephone Number: _____

<u>Amount to be billed to Credit Card:</u>

Application Fee: $ 50.00 **Location Fee: $**_____ **Total: $**_____

<u>Credit Card Name & Number</u>

◊ **American Express:** _____

◊ **Discover:** _____

◊ **Master Card:** _____

◊ **Visa:** _____

Expiration Date: _____ _____
(Month) **(Year)**

Credit Card Approval Code (3 – 4 digits on the back of the card): _____

►***PLEASE NOTE: Charge on receipt will read "NATL CAPITAL FIN" (National Capital Finance)***◄

(For Agency Use Only)

Project Number/BILL: _____

Prepared By: _____**Date Processed:** _____

Permit Number: _____

Organization/Name: _____