



**MONTHLY REPORT  
COMMERCIAL USE AUTHORIZATION**

**National Park Services  
Virgin Islands National Park  
The Tunick BLDG Suite 101  
1336 Beltjen RD  
St Thomas USVI 00802**  
CUA Coordinator, Paul P Jones  
Phone Number: 340 776-6201 x224/221



**Due by the 5 of each Month**

For \_\_\_\_\_ / \_\_\_\_\_  
(Month / Year)

**NOTE:** This form is optional and only to be used for monthly statistical reporting. A separate NPS Form 10-660, "Annual Report: is required for all Commercial Use Authorizations (CUAs).

**1. CUA INFORMATION:**

**CUA Number:** \_\_\_\_\_  
*Services Provided: (As it appears on your authorization.)*

**2. CONTACT INFORMATION:**

*Owner Name:* \_\_\_\_\_ *Authorized Agent:* \_\_\_\_\_

*Legal Business Name:* \_\_\_\_\_ *Email (business):* \_\_\_\_\_

*Mailing Address (Street Address):* \_\_\_\_\_ *Email (contact person):* \_\_\_\_\_

*(City, State, Zip Code)* \_\_\_\_\_

*Phone* \_\_\_\_\_ *Fax* \_\_\_\_\_

**VISITOR USE INFORMATION**

**3. VISITORS AND/OR TRIPS:**

Enter the number of clients for whom you provided service within the park or served as a result of park-based operations during the monthly reporting period: \_\_\_\_\_

Enter the number of trips your company made to the park during the monthly reporting period:

**4. LENGTH OF STAY:** \_\_\_\_\_



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Enter the average length of time your clients were in the park as a result of the service you provided (*if applicable*). For day trips, show the average number of hours that you spend in the park per trip. For overnight trips show the average number of nights that you spend in the park per trip from the first travel day to the last day exiting the park.

Average hours per trip: \_\_\_\_\_  
(Trips that use lodging outside of the park are considered day trips.)

Average number of nights per trip: \_\_\_\_\_  
(If provided, use table below to report total visitor use numbers and additional details.)

**INJURY INFORMATION**

5. Did any reportable injuries occur during your trips this reporting period? ☐ Yes ☐ No

If "Yes", please use a separate sheet of paper to report the date of the incident and a brief statement of the incident. Include a description of the activity taking place at the time of the injury, the type of injury, and the action taken to provide patient care. Please include the sex and age of the patient (omit the patient's name). A reportable injury involves any medical incident or injury requiring medical aid beyond Basic First Aid and/or when a request for medical aid/rescue assistance is made. You do not need to send in a report if you have already done so.

6. **SIGNATURE: False, fictitious or fraudulent statements or representations made in this report 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). 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.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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 U.S.C. 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 impact to park resources and compliance with park regulations and limitations. We estimate that it will take approximately 1.25 hours to prepare a report, including time to review instructions, gather and maintain data, and complete and review the report. . 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. Send comments regarding this burden estimate or any other aspect of this collection of , but rather to the address at the top of the form.

