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:*[attach diagram, attach additional pages, if necessary, include locations within the park, frequency, estimated number of participants (per trip and annually), number of vehicles, support equipment (trailers, generators, etc.)]*

**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 $1,000,000 per occurrence. Some activities will require increased coverage or other types of liability insurance; see Park-Specific CUA Insurance Requirements (“Attachment A”).

1. 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 & License/State** | **Year** | **Max # Passenger Capacity** | **Own/Rent/Lease** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

| **Make of Aircraft** | **Tail Number** | **Max # Passenger Capacity** | **Own/Rent/Lease** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

| **Make/Model of Vessel** | **Registration # or****USCG Documentation** | **Length** | **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 (MUST use Pay.gov) as outlined in Attachment B.

1. **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.*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Digital signatures must include an auto-generated time/date stamp)**

 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 (See “Attachment B” for list of services). These are the services which are currently approved in the park. 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](http://www.irs.gov/Businesses/Small-Businesses-%26-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. Be able to provide copies of additional documentation as required (upon request for compliance check) 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 (Please use Pay.gov) - $ 350. See “Attachment ” B. Email CUA Coordinator if you cannot locate your current CUA permit # (7130-5300-XXX) or need a number assigned.
15. Include Operating Plan (See “Attachment C”).
16. Include Visitor Acknowledgment of Risk (if applicable – See “Attachment D”).
17. 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.

Attachment A: Insurance Requirements

Attachment B: List of Approved Services, Additionally Required Documentation, and Fee Information

Attachment C: Operating Plan

Attachment D: Acknowledgment of Risk

Attachment E: Safety Plan for Big Bend National Park

**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. 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 432-213-3309 or by going to the park CUA webpage at [Commercial Use Authorization - Big Bend National Park (U.S. National Park Service) (nps.gov)](https://www.nps.gov/bibe/learn/management/cua.htm).
16. 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, servicemark 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.
17. 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.
18. **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 the reference into this authorization as if fully set forth in this authorization.

**BIG BEND NATIONAL PARK – COMMERCIAL USE AUTHORIZATION CONDITIONS:** Specific CUA Conditions for Big Bend National Park activities can be found on the park’s website: [Commercial Use Authorization - Big Bend National Park (U.S. National Park Service) (nps.gov)](https://www.nps.gov/bibe/learn/management/cua.htm)

**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 $1,000,000. 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.

**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 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 |

CUA holders authorized to transport passengers or use in the park an owned/rented/leased aircraft are required to obtain **Aircraft Liability Insurance**. The minimum Aircraft Liability Insurance is $1,000,000.

**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.

## ATTACHMENT B

**List of Approved Service, Additionally Required Documentation, and Fee Information**

|  |  |
| --- | --- |
| **AUTHORIZED COMMERCIAL SERVICE** | **REQUIRED DOCUMENTATION** |
| Boat Tours – Non-motorized | All commercial guides must possess a valid first aid certificate equivalent to the 40-hour “Emergency Response” or a 36-hour “Wilderness Advanced First Aid” and a current CPR certificate (Adult and Pediatric). More advanced training such as Emergency Medical Responder, Emergency Medical Technician, etc. area also accepted. Documentation of current certifications must be carried by each guide AND kept on file with the CUA holder. (This requirement is waived for a trainee or guides in a boat without passengers.) |
| Guided Vehicle Tours and/or Any Visitor Transportation/Shuttle Service Provided  | A valid state driver’s license is required for vehicle operation within the park. A commercial driver’s license (CDL) is required in the state of Texas when a vehicle is designed to carry 16 or more passengers, including the driver. Documentation of current driver’s license must be carried with each driver AND kept on file with the CUA holder.  |
| All Other Activities | All commercial guides must possess a valid CPR/AED/First Aid Certificate. Documentation of current certification must be carried by each guide AND kept on file with the CUA holder. |

**Authorized Activities:**

* Art/Photography Instruction – conducting non-commercial art/photography workshops/instruction with an instructor/guide within Big Bend National Park / Rio Grande Wild & Scenic River boundaries. Visitor transportation/shuttle is authorized under this CUA. (Commercial Photography requires a Filming Permit. Contact the Film Permit Coordinator for more information at bibe\_info@nps.gov.)
* Backpacking – backcountry camping with guide service within Big Bend National Park / Rio Grande Wild and Scenic River boundaries. Visitor transport/shuttle is authorized under this CUA. PLEASE NOTE: Issuance of a CUA for this activity does not guarantee the Permittee the availability of campsites nor does it entitle the Permittee to supersede the general public in obtaining campsites.
* Bicycle Tours – bike tours with guide service, hard surface or dirt roads only. Bikes are not allowed off-road or on trails. Visitor transportation/shuttle is authorized under this CUA. Hiking is authorized under this CUA if it is incidental to the bike tour.
* Boat Tours – Non-motorized – canoe, raft, or kayak tours/charters with guide service or delivering/outfitting river equipment within Big Bend National Park / Rio Grande Wild and Scenic River boundaries. Repair/salvage service of canoe, raft, kayak, etc. within Big Bend National Park / Rio Grande Wild & Scenic River boundaries. Visitor transportation/shuttle of vehicles is authorized under this CUA. Hiking is authorized under this CUA if it is incidental to the river trip.
* Environmental Education - includes bird watching, botanizing, biology/geology courses, wilderness education/therapy tours while walking/hiking with an instructor/guide within Big Bend National Park / Rio Grande Scenic River boundaries. Visitor transportation/shuttle is authorized under this CUA.
* Guided Vehicle Tours – includes jeeps/vans/ and vehicles manufactured to carry up to 26 passengers or less. Authorizes road (paved or dirt) based tours with guide service within Big Bend National Park boundaries. Step-On Guide service is authorized under this CUA. A Step-On Guide is defined as a guide who rides in a visitor’s vehicle/tour bus and performs guide services for sightseeing tours within the park. Guided hiking is NOT authorized under this CUA. Incidental stops at visitors centers, wayside exhibits, and limited walking/hiking are authorized. A guided hiking CUA is required for any hike over ¼ mile from a paved/dirt road or trailhead.
* Hiking/Walking – frontcountry – day hiking with guide service within Big Bend National Park boundaries. Visitor transportation/shuttle is authorized under this CUA.
* Motorcycle Tour – guided motorcycle tours on paved roads in Big Bend National Park boundaries. Tours are only authorized on roads open to the public. Motorcycles must be street legal. No off-road plates are allowed. Limited guided hiking from hard surfaced roads is authorized.
* Outdoor Skills Education – survival, boot camp, NOLS, etc. – conducting outdoor education skills with a guide within Big Bend National Park/Rio Grande Wild & Scenic River boundaries. Backpacking and hiking are authorized under this CUA if incidental to the outdoor skills education.
* Transport (non-tour) – road, air, water based – provide transportation for visitors to and from Big Bend National Park independent of any other activities.

**Fee Schedule and Payment Information**

**Application Fee**

A $350 non-refundable application fee is due with the CUA application. No renewals are permitted. Companies

must submit an updated application every year using the form found on the park website. Fee should be paid on Pay.gov.

Current CUA holders will need their CUA number to complete the transaction. It can be located on your permit. If you are

applying for the first time, please contact bibe\_cua@nps.gov for a number.

**Cost Recovery Fee**

If applicable, a cost-recovery fee based on “Market Price” will be billed, based on 3,4 or 5% of gross receipts. This will be

included as part of the Annual Report which is due within 60 days after permit expiration (all Big Bend fiscal year permits

expire September 30th and Annual Report due by November 30th). CUA holders will receive a Bill of Collection which

should be paid within 30 days of receipt. The market price fee is a per-person fee or a fee based on a percentage of

your revenue earned from in-park or park-based operations. You are required to report this information each year when

you submit the mandatory [**CUA annual report**](https://www.nps.gov/subjects/cua/required-cua-reports.htm). The percentage of revenue market price fee is based on the following

September 30th and Annual Report due by November 30th. CUA holders will receive a Bill of Collection which should be

paid within 30 days of receipt.

The market price fee is a per-person fee or is a fee based on a percentage of your revenue earned from in-park or park-based operations. You are required to report this information each year when you submit the mandatory [**CUA Annual Report**](https://www.nps.gov/subjects/cua/required-cua-reports.htm). The percentage of revenue market price fee is based on the following:

* **Less than $250,000 earned from park-based operations** - 3% of gross receipts (minus application fee)
* **$250,000 to $500,000 earned from park-based operations** - 4% of gross receipts
* **More than $500,000 earned from park-based operations** - 5% of gross receipts

**ATTACHMENT C**

**Big Bend National Park / Rio Grande Wild & Scenic River**

**Operating Plan**

1. **In what locations do you plan to operate?**
2. **Trip length: How many hours/days are you planning to spend in the park and how often do you plan to run your trips?**
3. **Does your company operate in Big Bend year-round or seasonally? If seasonally, which months do you operate?**

 **Year-round**

 **Seasonally, Months of Operation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

1. **If conducting guided walking/hiking tours, which trails do you use? If you are applying for a Photography Instruction CUA, what are your proposed locations?**

**You may also submit sample itineraries advertised on company websites, brochures, or provided by your clients.**

**ATTACHMENT D**

**Big Bend National Park / Rio Grand Wild & Scenic River**

**Visitor Acknowledgment of Risk**

CUA holders are not allowed to request or require visitors to sign a waiver of liability statement, insurance disclaimer, or indemnification agreement. The Service allows the CUA holders providing high-risk commercial services to advise visitors of risks associated wit the activity through the use of a visitor acknowledgement of risk form (VAR). The VAR describes the inherent risks of the activities and warns visitors of those risks. CUA holders may use the VAR template on next page or download from the Big Bend CUA website: <https://www.nps.gov/bibe/learn/management/upload/Visitor-Acknowledgment-of-Risk-for-CUA-Holders.docx>

The CUA holder may modify the VAR to provide a description the of authorized service, as specified in the available template. **Operators may not modify the VAR to include language alluding to “waiver of liability.”** If the CUA holder proposes to use an alternate VAR, they should send a copy of the form to the park for approval.

Does your company require clients to sign a Visitor Acknowledgement of Risk form? If yes, please provide a copy with your application packet.

 Yes

 No

**Visitor Acknowledgment of Risks**

In consideration of the services of their officers, agents, employees,

and stockholders, and all other persons or entities associated with those businesses (hereafter 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.

[enter 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 from 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 me, my heirs, assigns, personal representative, and estate and for all members of my family, including minor children.

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\_Signature Date

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

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\_Signature Date

**ATTACHMENT E**

**Big Bend National Park / Rio Grande Wild & Scenic River**

**Required Safety Documentation**

Please submit a copy of safety information delivered to guests with information specific to recreating in Big Bend National Park. This should include, but not limited to: heat related emergencies, hydration, sunscreen and protective clothing, proper footwear and uneven/rocky terrain, flash floods, and snake/insect bites and stings, etc. Backpacking applications MUST submit trip itinerary to the park CUA Coordinator for approval at least two weeks prior to trip.