



# APPLICATION INSTRUCTIONS COMMERCIAL USE AUTHORIZATION

OMB Control No. 1024-0268  
Exp. Date: 08/31/2016

**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.**

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

[Note: Each park will prepare the list based on the services approved at the park or attach it separately.]

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 persons designated as Authorized Agents for your business. This may include the on-site general manager responsible for day to day operations.
5. Provide contact information for both the main season and the off-season. Over the term of your authorization, it may be necessary to contact you to obtain or share information. 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 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, National Park Service, as additionally insured in the amounts designated in the application.
10. NPS Management Policy prohibits employees of the NPS and their spouses and minor children from acquiring or retaining any authorization for conducting commercial services in a park area.
11. 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, please give details (does not include minor traffic tickets).
12. Include payment of the Application/Administrative Fee (see Attachment B).
13. Please sign and date your application. If the person SIGNING this application is not an Authorized Agent for the business, proof of signing authority must accompany this application.

Attachment A: List of Approved Services

Attachment B: Fee Schedule and Payment

(Note: each park will attach park-specific approved services and fee schedule/payment information)



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# APPLICATION FORM

**DEPARTMENT OF THE INTERIOR**  
**National Park Service**  
**Alaska Region**

**Attention: Concession Operations**  
**240 West 5<sup>th</sup> Avenue #114**  
**Anchorage, AK 99501**  
Ph: (907) 644-3362, Fax: (907) 644-3813

**Office Use:**

Received: \_\_\_\_\_  
CUA/SUP# \_\_\_\_\_ Amt Rec'd: \_\_\_\_\_  
Pay.Gov# \_\_\_\_\_ Check # \_\_\_\_\_  
Prev Yr Reports Received? Yes \_\_\_ No \_\_\_

**IMPORTANT:** Before completing this application, please refer to the Application Instructions to verify that the service you are proposing is an approved commercial service. If the service you wish to provide is **not** listed on the table of approved commercial visitor services, contact us at the number above. Please submit your application fee of \$ (See Fee Schedule) with this application.

Some parks have minimum 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 documentation of first aid training, an emergency response plan, limits to group size, etc.

- (1) **Service for which you are applying**  
(See list of approved services in the attached instructions)
- (2) **Will you be providing this service in more than one park? Yes No If yes, list all.**
- (3) **Applicant** (Legal Business Name and DBA)
- (4) **Authorized Agents** (Owner and any onsite person authorized to manage the operation)
- (5) **Mailing Address:**

***PRIMARY CONTACT INFO (Dates at this address)***

Address:

City, State, Zip:

Email:

Website: \_\_\_\_\_

Day Phone:

Evening Phone:

Fax:

Cell Phone:

***ALTERNATE CONTACT INFO (Dates at this address)***

If same as "Primary Contact Info", check here and go to number (6).

Address:

City, State, Zip:

Day Phone:

Evening Phone:

Fax:

Cell Phone:

(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: )

Corporation: (State: " ") Entity Number:

Limited Liability Corporation: (State: " ") Entity Number:

Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)

Other (Specify)

(7) State Business License Number:

Expiration Date:

(8) Employer Identification Number (EIN)

**(9) Insurance and Vehicles**

Provide proof of insurance. The CUA operator must maintain General Liability insurance naming the United States of America as an **additional insured**. Minimum coverage amount is \$500,000 per occurrence. Some activities will require increased coverage, see Park-Specific instructions. Auto Liability insurance is also required at a minimum coverage amounts described below.

<b>Number of Passengers</b>	<b>Minimum per Occurrence Liability Limits</b>
Single Purpose Activities General Liability (includes day and overnight hiking, photography and art classes, bicycling, and group camping.)	\$500,000
Up to 5 passengers	\$300,000
6 to 12 passengers	\$500,000
13 to 20 passengers	\$750,000
Over 21 passengers	\$1,500,000

Will your business operate vehicles (car, truck, van, bus, taxicab, boats, aircraft etc.) within NPS boundaries?    Yes    No

If "yes," please give a description of each vehicle. Use additional pages if necessary. All vehicles are required to be registered and the operators are required to have the licenses to operate them commercially as required by law or regulation.

<b>MAKE OF VEHICLE</b>	<b>MODEL</b>	<b>YEAR</b>	<b>MAX # PASSENGERS</b>	<b>OWN</b>	<b>LEASE</b>
				—	—
				—	—
				—	—

<b>MAKE OF AIRCRAFT</b>	<b>MODEL</b>	<b>TAIL NUMBER</b>	<b>MAX # PASSENGERS</b>	<b>OWN</b>	<b>LEASE</b>
				—	—
				—	—
				—	—

<b>MAKE OF WATERCRAFT</b>	<b>MODEL</b>	<b>LENGTH</b>	<b>MAX # PASSENGERS</b>	<b>OWN</b>	<b>LEASE</b>
				—	—
				—	—
				—	—

(10) **NPS Employment**

Are you, your spouse, or minor children employed with the National Park Service?

**Yes No If Yes, please complete below:**

Employee:

Title:

Park and Office where employed

(11) **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:

**FEE:** Please include the Application/Administrative fee as outlined in the Park-Specific instructions.

(12) **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 to the best of my knowledge.*

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Signature

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Date

Printed Name

Title

**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. 101925). 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 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. 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. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, National Park Service, 1849 C Street NW, Mail Stop 2601, Washington, D.C. 20240.