

# APPLICATION FOR SPECIAL USE PERMIT SHORT FORM



Southeast Utah Group 2282 SW Resource Blvd Moa, Utah 84532 435-719-2121

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$55.00 must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America an additional insured.

Applicant Name			Telephone Number					
Organization			Cell Phone Number					
Social Security Number or Tax ID number			Fax Number					
Email Address								
Street Address								
City					State	Zip Code	Country	
Proposed Activity								
Preferred Date	Preferred Location			Preferred Time				
Alternate Date(s)*	Alternate Location		ocation(s)*	Alternate Time(s)*				
* Alternatives will be considered if first cho	ice is not av	ailable.						
Maximum Number of Participants			Maximum Number of Vehicles					
List of Equipment								
Individual in charge of activity onsite who is the permitted activity:	s authorized	to make	decisions related to	Cell	Phone Nun	nber		
Have you visited the requested area? Is the second			an exercise of a First Amendment rights?					

### **NOTICES**

This is an application *only*, and does not serve as permission to conduct any special activity in the park. The information provided will be used to determine whether a permit will be issued. Send the completed application along with the application fee in the form of a credit card payment, cashier's check or money order made payable to the <u>National Park Service</u> to the Southeast Utah Group at the park address found on the first page of this application.

If your request is approved, a permit containing applicable terms and conditions will be sent you. The permit must be signed by the responsible person and returned to the park for final approval by the Park Superintendent before the permitted activity may begin.

#### **Customers Making Payment by Personal Check**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

## **Privacy Act Statement**

**Authority:** 16 U.S.C. 1, National Park Service Organic Act; 16 U.S.C. 3, Rules and regulations of national parks, reservations, and monuments; timber; leases, 16 U.S.C. 3a, Recovery of costs associated with special use permits; and 16 U.S.C. 460i–6d, Commercial Filming.

**Purpose:** The purposes of the system are (1) to provide a park superintendent with information to approve or deny requests for activities that provide a benefit to an individual, group or organization, rather than the public at large; and (2) to assist park staff to manage the activity to ensure that the permitted activity does not interfere with the enjoyment of the park by visitors and that the natural and cultural resources of the park are protected.

**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:** Voluntary, however, failure to provide the requested information may impede individual from obtaining a permit from the National Park Service.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): Your Social Security Number (SSN) is needed to identify records unique to you. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service. Failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting your SSN is 31 U.S.C. 7701. The information gathered through the use of the SSN will be used only as necessary for processing this application and collecting and reporting any delinquent financial obligations. Use of the social security number will be carried out in accordance with established regulations and published notices of system of records.

#### **Paperwork Reduction Act Statement**

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

#### **Estimated Burden Statement**

Public reporting burden for this form is estimated to average 15 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 Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive, Mail Stop 242, Reston, VA 20192. Please do not send your form to this address.

OMB Control No. 1024-0026

Expiration Date 01/31/2020

NPS Form 10-930s (Rev. 07/2016) National Park Service OMB Control No. 1024-0026 Expiration Date 01/31/2020

# **Credit Card Authorization**

# All credit card information is protected under the Privacy Act of 1974

Applicant Name	Cardholder Name (as it appears on card)							
			☐ Same a	as "Applicant"				
Company Name (if applicable)	Telephone Number	Cell Phone Number						
Email Address	Federal Taxpayer Identification or Social Security Number							
Credit Card Billing Address								
City		State	Zip Code	Country				
Amount to be Billed to Card								
Application Cost \$ Location Fee \$	Cost Recovery \$	Total \$						
Type of Credit Card	Credit Card Number	Expiration	Date S	ecurity Code				
☐ American Express ☐ Discover ☐ Mastercard ☐ Visa								
I hereby authorize my card to be charged the amount indicated above in connection with the issuance of the requested Special Use Permit:								
Cardholder Authorized Signature								

# **INTERNAL AGENCY USE ONLY**

Project Number/BILL	Date Processed
Permit Number	Prepared By
Organization Name	