OMB Control No. 1024-0268

ANNUAL REPORT INSTRUCTIONS
COMMERCIAL USE AUTHORIZATION

INSTRUCTIONS

These instructions correspond to the numbered questions in Form 10-660.

1. Enter your contact information as it appears on your permit.

2. Enter the service you provide as it appears on your permit.

3. Enter the number of visitors who use your service. Enter the number of trips your company made to the park; i.e., a two person trip for 3 days is ONE TRIP.

4. Enter the average number of hours or days a customer spends in the park on one of your trips.

5. Check the box that best describes the level of importance the park plays in this CUA.

6. Enter the percentage of your activity that takes place in the park.

   Example: If you raft through the park and 8 of 10 miles are inside the park, then 80% of the activity takes place in the park. OR If you spend 4 hours on a hike and the last hour is hiking outside the park then you spend 75% of the activity in the park.

7. Enter your total gross receipts for this business year.

8. Enter the dollar amount of your gross receipts that is the portion of your total gross receipts that you earned as a result of visiting the park.

   If the park is the exclusive destination for your activity, then 100% of your gross receipts are a result of your visiting the park. If it is a primary or incidental destination, then estimate what percentage is a result of visiting the park. As a general rule, this should not be less than the answer to #6.

9. Provide details of any reportable injuries incurred to you, your employees, or clients this year.

10. Signature of business owner or authorized agent.

OMB Control No. 1024-0268

ANNUAL REPORT 2017
COMMERCIAL USE AUTHORIZATION

DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
Bandelier National Monument
CUA COORDINATOR
505.672.3861 x.519

Due: **February 1, 2018**

Please enter the information below. Refer to the instructions on page 1.

1. **Contact Information**

Holder Name: _____ *Contact Person* (if different): _____

Business Name: _____ *Email:* (business) _____

Mailing Address: _____ *Email*: (Contact Person) _____

_____ *Website*: _____

Phone: _____ *Fax*: _____

2. **Services provided:**

_____

VISITOR USE INFORMATION

3. How many clients did you serve within the park in 2017? _____
   How many trips did your company make to the park in 2017? ____

4. What was your average length of stay per visit in the park this year?
   (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.
   If both types of trips were offered show the average length of stay for each type.)

   Day Use
   Number of Day Trips _____ Average Hours/trip _____
   (Show trips that use lodging outside of the park, as day trips.)

   Overnight Use
   Number of Overnight Trips _____ Average # of Nights/trip _____
   (May include 1st day travel to trailhead and last day exiting backcountry.)

5. The park is:

☐ the **exclusive** destination for your clients. (This means it is the only destination being offered on the trip, not including brief stops along the way. 100% of your trip is a result of your visiting the park.)

☐ a key **destination** or a **significant location**. (This means it is one of several sites where your services are provided. Some percentage of your trip is a result of visiting the park.)

6. What percentage of your trip is a result of visiting the park? _____

FINANCIAL INFORMATION

7. What were the total gross receipts from your operation in 2017? _____

8. What were the gross receipts earned as a result of visiting the park in 2017? _____
See Instructions

INJURY INFORMATION

9. Did you have any reportable injuries occur during your trips this year? Yes ☐ No ☐

***If yes**, please use a separate sheet of paper to report the date and type of injury and a brief statement of the incident and the outcome of the patient care, please 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.

10. Signature: False, fictitious or fraudulent statements of 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). All information provided will be considered in reviewing this report. 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.

_____ _____

Signature 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 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. 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.