**All mail-in applications must be complete, signed, include a copy of a current vehicle registration. Mail-in applications MUST include a self addressed, stamped envelope so the permit can be mailed back to you. This is required for *each* vehicle that is applying.**

Please mail your completed application to: Cape Cod National Seashore – Attn: Oversand Office – 99 Marconi Site Rd. – Wellfleet, MA 02667. A member of the Oversand staff will contact you by phone to obtain and process your credit card information.

**\*\*ALL NEWLY ACQUIRED VEHICLES WILL REQUIRE INSPECTION PRIOR TO RECEIVING YOUR ORV PERMIT. YOU MAY NOT PARTICPATE IN OUR MAIL IN PROGRAM WITHOUT AN INSPECTION FIRST. YOU MUST COME IN PERSON WITH THE NEW VEHICLE AND REQUIRED EQUIPMENT\*\***

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the Rules and Regulations for Off-Road Vehicle use at Cape

 Printed Name

Cod National Seashore. I agree that if I violate any of these rules and regulations my permit may be revoked. **I also understand that if I lend my vehicle to another individual to drive on the beach that I am responsible to make sure that individual has read and understands all the rules and regulations. I also understand that I am responsible for the safety and well-being of all individuals that I transport out on to the beach and that all those individuals understand all Seashore Rules and Regulations.**

**I understand that NO REFUNDS WILL BE ISSUED ONCE ANY ORV PERMITS ARE PROCESSED.**

\*\*Please be advised that portions or all of the ORV corridor may be closed during the season due to the protection of threatened and endangered species\*\*

OFFICE USE ONLY

 Payment Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued Permit # \_\_\_\_\_\_\_\_\_\_\_\_\_

Initials \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

**\*Required Equipment**

* SHOVEL: Heavy duty shovel equal to/better than a military folding shovel
* TOWING DEVICE: Any of the following which are at least 14 feet long: Tow Strap: 1-1/2” Rope: 3/4” Chain 5/16” Cable 1/4”
* JACK: Standard Size (e.g., vehicle manufacturer’s jack)
* JACK SUPPORT BOARD: Wood 10” x 12” x 1-1/2” or Plywood 10” x 12” x 3/4”
* TIRE PRESSURE GAUGE: must register to 5 p.s.i. or lower
* TIRES: Must meet or exceed minimum tire size P225 70 R15
* SPARE TIRE: must meet regular tire size requirements. Temporary spare tires prohibited
* SCV’s and pick-up truck campers must also have a fire extinguisher and permanently mounted holding tanks for gray and black water

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that I am required to have all required equipment when

 Signature

operating on the oversand corridor. Failure to have all equipment may result in fines or permit revocation. I also understand if my tires do not meet minimum requirements my permit will be revoked.

# **Type of Permit**

[ ]  Off-road vehicle

# **Applicant Information**

|  |  |
| --- | --- |
| Applicant Name |  |
| Telephone |  |
| Address (Street/PO box, city, state, zip code) |  |
| Email Address |  |

# **Type of Vehicle**

[ ]  Passenger car

[ ]  Van / light truck

[ ]  Utility van / truck

[ ]  RV / camper / trailer

|  |  |
| --- | --- |
| Vehicle ID Number (VIN) |  |
| License Plate / Registration # |  |
| Issuing State |  |
| Expiration Date |  |
| Year |  |
| Make |  |
| Model |  |
| Color |  |

# **Permit Request Details**

|  |  |
| --- | --- |
| Permit Duration | [ ]  Annual ORV[ ]  Annual SCV |

*The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

# **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.

If your request is approved, a permit containing applicable terms and conditions will be sent you.

**Privacy Act Statement**

**Authority:** The authority to collect information on the attached form is derived from 54 U.S.C. 100101.

**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.

**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 Reston, Virginia 20192. Please do not send your form to this address.

**INTERNAL AGENCY USE ONLY**

|  |
| --- |
| **INTERNAL AGENCY USE ONLY** |
| **Project Number/BILL:** |
| **Date Processed:** |
| **Permit Number:** |
| **Prepared By:** |
| **Organization Name:** |