



IN REPLY REFER TO:

United States Department of the Interior
NATIONAL PARK SERVICE

Cape Lookout National Seashore
131 Charles Street
Harkers Island, North Carolina 28531

C5027

February 13, 2013

Greetings Commercial Use Authorization Permittees:

Enclosed are the forms to start the 2013 CUA permitting process and the required 2012 Annual Report. Consistent with National Park Service (NPS) policy, approved CUAs will be issued for a term of one year. To be considered for a permit for 2013, please have your packet submitted to us by March 15, 2013.

If you are proposing to conduct tours or educational programs within the park, we are requiring that you provide a written narrative providing a detailed outline of the tours and programs. Tours must be consistent with the *Cape Lookout National Seashore Long-Range Interpretative Plan*. Your narrative should identify which interpretative themes your proposed tours will address. You should submit a narrative for each of the tours or educational programs you propose to offer. Your narratives should not exceed two pages per tour/program. The interpretative plan can be found on our website at: http://www.nps.gov/caloparkmgmt/upload/CALO-LRIP-2011_small.pdf

As of February 14, 2013, existing Commercial Use Authorization (CUA) permits for 2012 will expire for authorized services provided by your organization to visitors of Cape Lookout National Seashore (CALO). Unfortunately, the permitting process for this season is behind schedule. Applications for 2013 need to be processed for consideration, so 2012 CUA permit privileges are extended until March 31, 2013, with the following condition:

- ***ALL required operating certificates including insurance and required licenses must be current and valid.*** Operating with an expired certificate of any kind, at any time in the permitting period, will suspend your permit privileges until rectified and may invalidate your future permit application.
- Insurance certificates will not be accepted as complete unless the certificate or addendum shows the detailed operating fleet by craft type, hull number and registration number. Be sure your insurance provider follows the example certificate (Enclosure #5), and sends certificates directly from the agency to the following address:

Cape Lookout National Seashore
ATTN: Superintendent's Office
131 Charles Street
Harkers Island, North Carolina 28531

- All insurance renewals, notices or changes are required to be provided directly to the park 30 days or more in advance of the action. An expired insurance certificate will suspend your permit and ALL OPERATIONS until proof of renewal is submitted. This is true of ALL critical documentation, including licenses, tariffs and inspections required for operations under your permit conditions.

Be aware the NPS intends to discontinue issuance of CUA permits for passenger ferry operations once concessions contractor(s) are selected. In the fall of 2008, the NPS completed the *Commercial Services Plan for Cape Lookout National Seashore*. This plan guides future concession contracts and may be viewed at the following website:

<http://www.nps.gov/caloparkmgmt/current-documents.htm>.

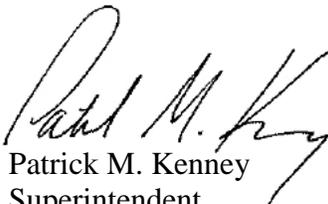
Consistent with Federal law and NPS policies, the *Commercial Services Plan* and subsequent planning studies, determined that passenger ferry services to the seashore will originate from Beaufort and Harkers Island and will be managed as a NPS Concession Contract(s), expected to begin in spring of 2014 for a term of 10 years.

Concession contracts are awarded to independent operators under a competitive process involving a prospectus for services (expected for public release in 2013), responsive proposals from interested parties, and an impartial evaluation panel tasked to review proposals and make a selection. Contract award is expected for 2014 operations. Until concessions contract(s) are awarded, CALO will continue to accept new CUA applications to conduct ferry transport services, guide services and other permitted commercial activities.

Services provided by permittees are beneficial to visitor enjoyment of the outstanding resources of Cape Lookout National Seashore offers. Your continued interest in providing visitor services for park visitors is greatly appreciated.

Please contact the Superintendent's Office at (252) 728-2250, extension 3014 if you have any questions.

Sincerely,



Patrick M. Kenney
Superintendent

Enclosures:

1. CALO Requirements to obtain 2013 CUA Permit (checklist)
2. CUA Annual Survey for 2012
3. CALO 2013 CUA Authorization Application
4. CUA Employee List
5. Certificate of Liability Insurance example

Cape Lookout National Seashore

Requirements to obtain a 2013 Commercial Use Authorization (CUA) Permit

Note- Permits will not be issued until all copies of items below have been submitted. For questions about the application process, please call the Superintendent's office at (252)728-2250 ext. 3014.

Item's checked are prepared for submission ----->

CUA Permit Application and Requirements

Annual Survey for Prior Year's Permit Season

Application for 2013 Commercial Use Authorization Permit - be sure to complete for each permitted activity you are applying for: Ferry; Tour; Guide Service or Other

Certificate of Insurance Must list the National Park Service per example. See Insurance requirements example enclosed. Certificates must include all insurance types required and list all fleet boats with registration & hull numbers. Insurance certificates must come directly from the agency.

Employee List Include name, address, telephone number, job title, Principles owner/operator, Captains, etc. (See Worksheet attached)

Emergency Contact Information After hours and/or alternate contact information for service- include cell phones

Captain or Mariner's License for all Applicable Employees (MUST SEE ORIGINAL) Copies will be made by CALO Staff to document the file ,upon presentation

Drug Consortium membership for all captains

CPR & First Aid cards for all employees

Drivers License copy (Identification and/or business vehicle use)

Fleet Requirements

Certificate of Inspection (COI) for all boats (Must show periodic inspections by USCG) if applicable

Certificate of Insurance Addendum must list all fleet boats with registration & hull numbers.

Photos of Fleet Boats, showing Operator's signage and boat NC registration number

NC Ferry Tariff copy showing current fee structure and date approved

Business Information

Marketing Materials mentioning the park or NPS. (Advertising brochures and website material and permitted services you provide)

Interpretation Plan for tours & guides

Calendar of start & end dates for the service season (by location or service type if multiple)

Schedule of operating hours by each service and service location

Updated Fees schedule for permitted services (if not covered by NC Ferry Tariff)

Annual Permit Fee of \$200 paid by Check (payable to National Park Service) or by credit card

Application Fee of \$50

Receipt for CUA Fee

Date of In-Person Meeting:

Clear to Issue Permit YES / NO:

Date Permit Issued:

CALO Permit Number Issued:

Issued by:

REMINDER: A photo ID of Supervising Operator and a copy of the permit must be available upon request while operating within the park boundaries.

**CAPE LOOKOUT NATIONAL SEASHORE
DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
COMMERCIAL USE AUTHORIZATION ANNUAL SURVEY
(To be completed AT THE END of calendar year 2012 season)**

Holder Name: _____

Company Name: _____

Address: _____

Email / Web Site: _____

1. Your Authorization is for : _____
2. How many visitors did you serve this year within the park? _____
3. How much time did you or your customers spend in the park? (days/hours) _____
4. Is the park or its resources a primary or exclusive destination? _____
5. Is the park only incidental to the service you provide? Yes _____ No _____
6. What percent of the activity actually takes place in the park overall? _____
7. What are the gross receipts generated as a result of being in the park? \$ _____*

*What method of calculation did you use to estimate the amount of revenues attributed to providing service that utilizes park resources? (Example: Rate x number of guests x number of days x % of time spent in Park.)

SIGNATURE: _____ DATE: _____

TITLE: _____ TELEPHONE: _____

* Incomplete surveys will not be accepted

Please return to:
Cape Lookout National Seashore
ATTN: Commercial Services
131 Charles Street
Harkers Island, N.C. 28531-9665

U.S. DEPARTMENT OF THE INTERIOR

NATIONAL PARK SERVICE, Southeast Region

Cape Lookout National Seashore



2013 COMMERCIAL USE AUTHORIZATION APPLICATION

(Please type or print in ink. Answer all questions completely or mark "N/A" if not applicable.)

APPLICANT'S (OWNER'S) NAME _____

AUTHORIZED REPRESENTATIVE _____

OFFICIAL BUSINESS NAME (S) _____
(Authorized name under which permit is to be issued)

NATURE OF BUSINESS _____
(Brief description of service)

OPERATING DATES/TIMES _____
(Open/close dates; daily schedule)

DEPARTS FROM/TO _____

***TAX PAYER ID # - OR
SOCIAL SECURITY NUMBER** _____

PRIMARY ADDRESS _____
(Business Address)

ALTERNATE ADDRESS _____

EMAIL / INTERNET ADDRESS _____

PRIMARY TELEPHONE NUMBER _____

ALTERNATE TELEPHONE NUMBER (CELL) _____

FAX NUMBER _____

AS AN APPLICANT, ARE YOU: (Mark one box with "X")

- INDIVIDUAL
- CORPORATION
- PARTNERSHIP/ASSOCIATION
- GOVERNMENT/STATE AGENCY
- OTHER _____

If you are an INDIVIDUAL or PARTNERSHIP, are you also a citizen(s) of the United States?

YES _____ NO _____

**Requirement of 1996 Debt Collection Act—This number will NOT be made public.*

You are required to carry liability insurance to provide protection for visitors you serve within National Park Service areas. The insurance policy must contain a waiver of subrogation clause specifying that the insurance company shall have no right of subrogation against the United States. If this is not possible, the United States of America, National Park Service, Cape Lookout National Seashore must be named on the policy as an additional insured. See example insurance certificate enclosed. Original Insurance Certificates MUST be sent directly from your insurance agent to the park, as ANY notice of insurance change, renewal or cancellation. Insurance certificates and notices may be electronically sent to CALO_Concessions@nps.gov

Applicants must obtain liability coverage BEFORE an Commercial Use Authorization can be issued. Refer to the Insurance Information Sheet (enclosed) for required minimum coverage amounts.

Will you be using any type of WATERCRAFT and/or VEHICLES within park boundaries in your operation?

NO _____ YES _____ If YES, Please complete the following chart.

WATERCRAFT TYPE	MAXIMUM PASSENGER CAPACITY	REGISTRATION #/ NAME

VEHICLE TYPE	MAXIMUM PASSENGER CAPACITY	VEHICLE VIN#

Within the past 5 years, has the company (entity), or any of the owners of the business been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation? _____.

Is the company (entity) or any of the owners of the business now under charges for any violation of state, federal, or local law or regulation? _____.

Within the past 5 years, have any of your current or proposed employees been convicted of or forfeited collateral for any state, federal, or local law or regulation; OR are they now under charges for any violation of state, federal or local law or regulation? _____. (IF “YES”, YOU MAY BE REQUIRED TO EXCLUDE THOSE EMPLOYEES FROM WORKING IN ANY CAPACITY RELEVANT TO THOSE ACTIVITIES AUTHORIZED BY AN COMMERCIAL USE AUTHORIZATION PERMIT.)

IF YOU ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS IN THE SPACE BELOW. FOR EACH VIOLATION, WRITE THE: 1) Individual’s Name, 2)Date, 3) Charge, 4) Place, 5) Court 6) Action Taken.

ITEM #	INDIVIDUAL’S NAME	DATE	CHARGE	PLACE	COURT	ACTION

False, fictitious or fraudulent statements of representations made in this application may be grounds for revocation of the Commercial Use Authorization (CUA) and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All Information you provide will be considered in reviewing this application.

EMPLOYEE LIST

NAME	ADDRESS	TELEPHONE NUMBER	CERTIFICATIONS

SIGNATURE OF OWNER/AGENT
(Attach proof of Agency if not the owner)

PRINTED NAME

DATE

**PLEASE REMIT PAYMENT WITH YOUR APPLICATION
INCLUDE APPROPRIATE FEDERAL AND STATE CERTIFICATIONS
MAKE THE REMITTANCE PAYABLE TO:
National Park Service
Cape Lookout National Seashore
131 Charles Street
Harkers Island, NC 28531-9665**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/06/05

PRODUCER
I Sell Insurance Company
P. O. Box 1234
Anytown, USA 12345
(123) 456-7890

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
I Manage Boats, Inc.
P. O. Box 1234
City, WI 12345

COMPANIES AFFORDING COVERAGE	
COMPANY A	XYZ's Group Insurance of USA
COMPANY B	ABC National Insurers
COMPANY C	State Worker's Insurance Company
COMPANY D	Out-to-Sea Vessel Insurance Carriers

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	XXX123456789AB	1/12/05	1/12/06	GENERAL AGGREGATE: \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG: \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE				PERSONAL & ADV INJURY: \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR				Other: \$ 1,000,000
A	AUTOMOBILE LIABILITY	XXX123456789AB	1/12/05	1/12/06	AGGREGATE: \$ 300,000
	<input checked="" type="checkbox"/> ANY AUTO				Other: \$ 500,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				Other: \$ 5,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				Other: \$ 5,000
A	GARAGE LIABILITY	XXX123456789AB	1/12/05	1/12/06	AUTO ONLY - EA ACCIDENT: \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT: \$
					AGGREGATE: \$
B	EXCESS LIABILITY				EACH OCCURRENCE: \$ 1,000,000
					AGGREGATE: \$ 1,000,000
C				12/06	WC STATUTORY LIMITS: \$
					EL EACH ACCIDENT: \$
					EL DISEASE - POLICY LIMIT: \$
					EL DISEASE EACH EMPLOYEE: \$
D	OTHER:	DDDD12345NMOP		12/06	300,000
	<input checked="" type="checkbox"/> WATERCRAFT LIABILITY				
	<input checked="" type="checkbox"/> OWNED, NON-OWNED AND HIRED				
					PROPERTY DAMAGE: \$

DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Certificate Holder is additional Insured. RE: Water transportation and towing services. Commercial watercraft liability is included.
OFFICE LOCATION: 123 SOUTH STREET, Madison, WI 12345

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER	CANCELLATION
United States of America National Park Service, Park Unit Attn: Your Name 415 Washington Avenue Bayfield, Wisconsin 54814		<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30-DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES</p> <p>AUTHORIZED REPRESENTATIVE</p>

Certificate MUST contain a 30-day cancellation clause, and MUST be signed by an insurance company representative.

(Figure 1)