

**APPLICATION FORM
COMMERCIAL USE AUTHORIZATION
U.S. DEPARTMENT OF THE INTERIOR**



**National Park Service
Devils Postpile National Monument
P.O. Box 3999
Mammoth Lakes, CA 93546
(760) 924-5505 office
(760) 934-4780 fax**

For which year(s) is the Commercial Use Authorization (CUA) being requested? _____

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

(1) **Applicant** (Legal Business Name)

(2) **What is your Business Type** (Please check one below):

A. Sole Proprietor

B. Corporation: **State:** **Entity Number:**

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

D. Partnership/Association. *Print the names of each partner. If there are more than two partners, please attach a complete list of their names.*

Name

Name

E. Other (Specify)

(3) **Mailing Addresses for Winter and Summer:**

SUMMER CONTACT INFO (Dates at this address _____)

Address

City, State, Zip

Email

Internet

Day Phone:

Evening Phone:

Fax:

WINTER CONTACT INFO (Dates at this address)

If same as “Summer Contact Info”, check here and go to number 4.

Address

City, State, Zip

Email

Internet

Day Phone

Evening Phone

Fax

(4) Employer’s Identification Number:

Provide the name(s) of the authorized agent(s) for this business.

(5) (a) Are you employed with the National Park Service?

If Yes, please complete below:

Title

Park / Office where employed

(b) Do you have a spouse or minor children employed with the National Park Service?

If Yes, please complete below:

Title

Park / Office where employed

(6) Expiration date of Business License: License Number:

(7) Names of employees who will work under the authority of your CUA:

Names:	Titles or Position: <i>(e.g. Guide, Pilot, Boat Operator, Driver, etc)</i>
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- (8) Currently or within the **past 5 years**, have you or any individual serving as an officer, principal, partner or employee with this business entity, been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation? **Yes** **No**. **If "yes", please give a description of each violation. Attach additional sheets if necessary.**

Date of Violation

Was this a conviction?

Was Collateral forfeited?

Name of Business or person(s)

Place of Violation?

Court Name:

Details:

Action Taken by Court (Results)

- (9) ***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? Yes No** **If "yes", please give a description of each violation. Attach additional sheets if necessary. (*Employees identified below may be precluded from working for the operator)**

Date of Violation:

Place of Violation:

Was this a conviction?

Was Collateral forfeited?

Name of Employees or Proposed Employees Involved

Place of Violation?

CourtName:

Details:

Current Status:

Within the past 5 years, have any of your current or proposed employees been involved with a diving accident that resulted in injury or death?

If "yes", please give a description of each accident. Attach additional sheets if necessary.

Date of accident:

Place of Accident:

Did accident result in a Fatality?

Did the victim(s) make a full recovery?

Name of Employees or Proposed Employees Involved:

Was there litigation resulting from the accident?

Court Name

Details

Current Status:

- (10) **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.

Signature

Date

Printed Name

Title