

**2013 APPLICATION FORM  
COMMERCIAL USE AUTHORIZATION  
U.S. DEPARTMENT OF THE INTERIOR**



**National Park Service  
Death Valley National Park  
Attention: Concessions Management Specialist  
P.O. Box 579  
Death Valley, CA 92328  
760-786-3241**

**IMPORTANT:** *Before completing this application, please refer to the Application Instructions to verify that the service you are proposing is an approved commercial service. If the service you wish to provide is **not** listed on the table of approved commercial visitor services, contact us at the number above.*

**PLEASE SUBMIT YOUR APPLICATION FEE OF \$210.00 WITH THIS APPLICATION**

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

- (1) **Service for which you are applying** (Use the following codes if applicable)
- (2) **Applicant** (Legal Business Name)
- (3) **Authorized Agents** (Owners and any on-site person authorized to manage the operation)
- (4) **What is your Business Type** (Please check one below):
  - Sole Proprietor
  - Corporation: "State: "Entity Number:
  - Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)
  - Partnership or Association: "

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

Name:  
Name:

Other (Specify):

- (5) **Mailing Address:**

**PRIMARY CONTACT INFO** Date of this address:

Address:  
City, State, Zip:  
Email:  
Internet Address:  
Telephone: Cell Phone:

**ALTERNATE CONTACT INFO** Date *at this address*  
**If same as "Primary Contact Info", check here** and go to number 6.

Address:

City, State, Zip:

Vgrgr j qpg: \_\_\_\_\_ EgmPhone:

(6) **State Business License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

(7) **Employer's Identification Number (EIN) or Social Security Number (SSN):**  
*The 1996 Debt Collection Act requires the collection of an EIN or SSN to be used as needed to collect debts.*

(8) **Insurance**  
 The CUA operator is required to maintain General Liability insurance naming the United States of America, Death Valley National Park as an **additional insured**. Minimum coverage amount is \$1,000,000 per occurrence. Auto Liability insurance is also required at a minimum coverage amounts described below.

Number of Passengers	Minimum per Occurrence Liability Limits
Single Purpose Activities (includes day and overnight hiking, photography and art classes, bicycling, and group camping.)	\$300,000
Up to 5 passengers	\$300,000
6 to 12 passengers	\$500,000
13 to 20 passengers	\$750,000
Over 21 passengers	\$1,500,000

MAKE OF VEHICLE	MODEL	YEAR	MAX # PASSENGERS	OWN	LEASE

(9) (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:

(10) 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? Are you, your company, or any current or proposed employees now under investigation for any violations of state, federal, or local law or regulation?** Yes  No   
 (See instructions.)

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

Date of Violation:

Was this a conviction? [ gu"\*\*\*\*\*P q" Was Collateral forfeited? [ gu"\*\*\*\*\*P q

Name of Business or person(s)

Place of Violation

Court Name

Provide Details

(Results) Action Taken by Court

- (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