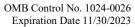
NPS Form 10-930s (Rev. 08/2019) National Park Service





# APPLICATION FOR SPECIAL USE PERMIT SHORT FORM



Florissant Fossil Beds National Monument 15807 Teller County Rd. Florissant, CO 80923 719-748-3253 ext. 201 seth\_maile@nps.gov

Please supply the information requested below. Attach additional sheets, if necessary, to provide required information. A

onrefundable processing fee of mendment right. You must allow sufficient tim otified of the status of the application and the no covery charges and proof of liability insurance	ne for the park to prodecessary steps to sec	cess your request; cure your final pern	check with the park fo nit. Your permit may red	r guidelines. You will be	
Applicant Name		Telephone Number			
Organization		Cell Phone Number			
Social Security Number or Tax ID number		Fax Number			
Email Address		<u> </u>			
Street Address					
City		State	Zip Code	Country	
Preferred Date	Preferre	d Location	Pre	eferred Time	
Alternate Date(s)*	Alternate Location(s)*		Alter	Alternate Time(s)*	
* Alternatives will be considered if first choice Maximum Number of Particip		<u> </u>	Maximum Number of \	Vehicles	
·					
List of Equipment					
Individual in charge of activity onsite who is a permitted activity:	uthorized to make de	cisions related to t	he Cell Phone Nur	mber	
Have you visited the requested area?  ☐ Yes ☐ No	Is this a ☐ Yes		st Amendment rights?		

NPS Form 10-930s (Rev. 08/2019) National Park Service OMB Control No. 1024-0026 Expiration Date 11/30/2023

#### **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. The permit must be signed by the responsible person and returned to the park for final approval by the Park Superintendent before the permitted activity may begin.

### Payment by Credit/Debit Card Only

Payment must be made by credit or debit card.

## **Privacy Act Statement**

**General:** This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 21, 1984, for individuals completing this application.

**Authority:** The authority to collect information on the attached form is derived from 54 U.S.C. 100101, Promotion and regulation; 54 U.S.C. 100751(a), Regulations; 54 U.S.C. 103104, Recovery of costs associated with special use permits; and 54 U.S.C Commercial Filming.

**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.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): Your Social Security Number (SSN) is needed to identify records unique to you. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service. Failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting your SSN is 54 U.S.C.103104. The information gathered through the use of the SSN will be used only as necessary for processing this application and collecting and reporting any delinquent financial obligations. Use of the social security number will be carried out in accordance with established regulations and published notices of system of records.

## 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**

Project Number/BILL	Date Processed	
Permit Number	Prepared By	
Organization Name		

OMB Control No. 1024-0026

Expiration Date 11/30/2023