APPLICATION INSTRUCTIONS
COMMERCIAL USE AUTHORIZATION

OMB Control No. 1024-0268
Exp. Date: 08/31/2016

The following explanations correspond directly with the numbered items on the Application Form. Please read this entire document prior to completing the application. Include the nonrefundable application fee when submitting this application.

1. Enter the service you are proposing to provide. These are the services which are currently approved in the park:
   - Nov. 15-April 1: Guided Cross Country Ski and Snowshoe Tours.
   - June 1-October 15: Day Use Instructional Photography Workshops, Instructional Birding Workshops, Guided Bicycle Tours, Instructional Art Workshops, Limited Visitor Shuttle Services on the East Side of the Park (pick up and drop off locations at Two Medicine, Many Glacier Hotel and Swiftcurrent Motor Inn).
   - For inquiries about other services, please contact Glacier National Park at (406) 888-7858 prior to completing the application or sending any application fees. No refunds will be issued for any fees.
2. Respond "No" or list other parks where you will be providing this service.
3. Enter the legal name of your business. If you have a secondary name under which you are doing business (d.b.a.), please enter that name also.
4. Give the name(s) of persons designated as Authorized Agents for your business. This may include the on-site general manager responsible for day to day operations.
5. Provide contact information for both the main season and the off-season. Over the term of your authorization, it may be necessary to contact you to obtain or share information. Your contact information may also be published in the NPS Commercial Services Directory.
6. Check the box that identifies your type of business.
7. If the state in which you operate or the state where your business is domiciled requires a state business license, provide the license number and year of expiration.
8. Provide your Employer Identification Number (EIN). The Debt Collection Improvement Act of 1996 requires us to collect an EIN or Social Security Number (SSN). The NPS will not collect SSNs, only EINs. The EIN is issued by the Internal Revenue Service. You may receive a free EIN at **http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/How-to-Apply-for-an-EIN**. We will use the EIN that you provide as needed to collect debts.
9. Provide proof of General Liability Insurance naming the United States of America, National Park Service, as additionally insured in the amounts designated in the application.
10. NPS Management Policy prohibits employees of the NPS and their spouses and minor children from acquiring or retaining any authorization for conducting commercial services in a park area.
11. If your business or business owners or current employees or proposed employees have been convicted or are currently under charges for violation of State, Federal, or local law or regulation in the last 5 years, please give details (does not include minor traffic tickets).
12. Include payment of all applicable fees (see Attachment A).
13. Please sign and date your application. If the person SIGNING this application is not an Authorized Agent for the business, proof of signing authority must accompany this application.

APPLICATION FORM
COMMERCIAL USE AUTHORIZATION

DEPARTMENT OF THE INTERIOR
National Park Service
Glacier National Park
Attention: Jean Tabbert
P.O. Box 128
West Glacier, MT 59936

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.

Some parks have minimum requirements for businesses that offer services to visitors relating to the safety and welfare of the visitors and protection of the resources. These requirements may include documentation of first aid training, an emergency response plan, limits to group size, etc.

(1) **Service for which you are applying**
(See list of approved services in the attached instructions)

_____

(2) **Will you be providing this service in more than one park? Yes ☐ No ☐ If yes, list all.**

_____

(3) **Applicant** **(Legal Business Name and DBA)**

_____

(4) **Authorized Agents** (Owner and any onsite person authorized to manage the operation)

_____

(5) **Mailing Address:**

PRIMARY CONTACT INFO (Dates at this address _____)

Address: _____

City, State, Zip: _____

Email: _____

Website: _____

Day Phone: _____Evening Phone: _____

Fax: _____

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ALTERNATE CONTACT INFO (Dates at this address _____)

If same as "Primary Contact Info", check here ☐ and go to number (6).

Address:_____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Fax: _____

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

☐ Sole Proprietor

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

(Name _____)

(Name _____)

☐ Corporation: (State: _____ Entity Number_____)

☐ Limited Liability Corporation: (State: _____ Entity Number_____)

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

☐ Other (Specify)

(7) **State Business License Number:** _____ Expiration Date: _____

(8) **Employer Identification Number (EIN)** _____

(9) **Insurance and Vehicles**

Provide proof of insurance. The CUA operator must maintain General Liability insurance naming the United States of America, National Park Service as an **additional insured**. Minimum coverage amount is $300,000 per occurrence. Auto Liability insurance is also required at a minimum coverage amounts described below.

Number of Passengers	**Minimum per Occurrence Liability Limits**
Up to 5 passengers	$300,000
6 to 12 passengers	$500,000
13 to 20 passengers	$750,000
Over 21 passengers	$1,500,000

Will your business operate vehicles (car, truck, van, etc.) within NPS boundaries?

Yes ☐ No ☐

If "yes," please give a description of each vehicle. Use additional pages if necessary. All vehicles are required to be registered and the operators are required to have the licenses to operate them commercially as required by law or regulation. Please be aware there are vehicle size restrictions on the Going-to-the-Sun Road between Avalanche and Rising Sun. Visit http://www.nps.gov/glac/planyourvisit/gttsrfaq.htm for more information.

MAKE OF VEHICLE	MODEL	YEAR	MAX # PASSENGERS	OWN	LEASE

(10) **NPS Employment**

Are you, your spouse, or minor children employed with the National Park Service?

Yes ☐ **No** ☐ **If Yes, please complete below:**

Employee: _____

Title_____

Park and Office where employed: _____

(11) **To your knowledge, have you, your company, or any current or proposed employees been convicted or fined for violations of State, Federal, or local law within the last 5 years? Are you, your company, or any current or proposed employees now under investigation for any violations of State, Federal, or local law or regulation? See instructions**

Yes ☐ **No** ☐ **If "yes", please provide the following information. Attach additional pages if necessary.**

Date of violation or incident under investigation: _____

Name of business or person(s) charged: _____

Please identify the law or regulation violated or under investigation:

_____

Please identify the State, municipality, or Federal agency that initiated the charges:

_____

Additional Detail (optional) _____

_____

(Results) Action Taken by Court_____

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(12) **FEE:** Please include the fees as outlined in the Park-Specific instructions. (See attachment A).

(13) **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

PAPERWORK REDUCTION ACT STATEMENT: In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (16 USC 5966). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your ability to offer the services requested and to notify the public what services you will offer. We estimate that it will take approximately 2.5 hours to prepare an application, including time to review instructions, gather and maintain data, and complete and review the proposal. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, National Park Service, 1849 C Street NW, Mail Stop 2601, Washington, D.C. 20240.

PARK SPECIFIC INSTRUCTIONS

Attachment A: **Fee Schedule: Guided bicycle road tours.**

Fee Type	Due Date	Amount
Application Fee	With application	$150.00
Administration Fee	With application	$250.00
Monitoring Fee:	With application	Amount: 1-15 participants (including leaders/guides): $75 per trip. 16-30 participants (including leaders/guides): $200 per trip
Late Fee	Required for applications received between 5/1 and 7/1. No applications will be processed after 7/1.	$100
Additional Guide Fee	Required to add guide to CUA after CUA is issued.	$25

Payment Information: Payment of all fees must accompany the application. Fees must be paid by check, payable to Glacier National Park. All fees can be paid with the same check. We are unable to accept credit card payments.

Attachment B: Application Checklist for Guided Bicycle Road tours.

Please include all items with your application. Please do not send incomplete applications

____ **Complete Application and Checklist (this form).**

___**Signed Commercial Use Authorization (signature line on page 2).**

___**Application and Administration Fee (see above).**
(All fees can be paid with the same check, payable to Glacier National Park.)

___**Per trip fees (see above).**
(All fees can be paid with the same check, payable to Glacier National Park).

___**Late processing fee, if applicable (for applications received between May 1 and July 1).**
(All fees can be paid with the same check, payable to Glacier National Park).

___**Complete Attachment C, Trip Itinerary and Guide Information.**

___**Copy of Attachment D "Tour Leader/Guide Review of Regulations" signed by each tour leader/guide**. *See CUA Appendix II Section 1.d for information about adding guides after issuance.*

___**Certificates of General Liability and Automotive Liability Insurance that meet all requirements in CUA Appendix I Section 2.**

Please send application materials to:

US Mail:
Concessions Office
Glacier National Park
Attn. Jean Tabbert
P.O. Box 128
West Glacier, MT 59936

Fed Ex:
Concessions Office, NPS HQ
Attn. Jean Tabbert
1 Going-to-the-Sun Road
West Glacier, MT 59936

Attachment C: Trip Itinerary & Guide Information (page 1)

Dates of the Tour: _____

Date of Arrival at Glacier National Park: _____

Details and Description of Park Portion of the Tour: (Please include lodging locations and dates, and dates visiting specific parts of the park. Use an additional page if necessary.)

_____
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Date of ride over Logan Pass on Going to the Sun Road: _____

& direction of travel (west to east or east to west): _____

Date of Departure from Glacier National Park: _____

Number of Tour Participants:_____

Number of Tour Leaders/Guides Biking with Participants: _____
(note—participants and guides cannot exceed a group size of 30 total riders).

Description of group identification item:

_____
_____
_____
_____

(to be worn or displayed by all riders, as described in Appendix II, section 2.g. If possible, also email a digital file to **jean_tabbert@nps.gov**. For example, if the item is a company logo on a tee shirt, email the graphic of the logo. Similarly, if you have a digital image of the item in use, for example, a colored sticker on each rider's helmet, please email the digital image.)

(continued next page)

Attachment C: Trip Itinerary & Guide Information

Name of Tour Leader/Guides	Expiration Date of CPR Certification*	Expiration Date of First Aid Certification*

*As outlined in CUA Appendix II Section 1.c., Tour leaders/guides shall possess current American Red Cross Standard First Aid and CPR certification, or an equivalent or higher level of certification. In order to be considered "equivalent" the course must include classroom/hands-on instruction and must be accredited.

Attachment D: Tour Leader/Guide Review of Regulations

Each tour leader/guide must sign:

I have read and agree to abide by the conditions outlined in the Commercial Use Authorization and Glacier National Park bicycle regulations (page 4 of the *Glacier Visitor Guide)*). I will ensure my clients abide by these requirements.

My responsibilities include but are not limited to:

- Making sure my clients are aware of all park regulations, restricted areas and their responsibilities in Glacier National Park.

- Ensuring my clients ride in groups of no more than four riders; that groups are spaced approximately one-quarter mile apart, and that riders ride single file.

- Instructing my riders to safely pull to the side and allow the vehicles to pass if more than four vehicles are following a rider or group of riders.

- Ensuring all participants and vehicles wear or display a unique, visible item that makes the group readily identifiable to NPS staff and the public and helps distinguish my tour groups from others. This item will be visible at all times.

I understand that violation of the requirements listed in the Commercial Use Authorization could result in citations being issued to individuals or could result in the cancellation, or future non-issuance, of the Commercial Use Authorization held by my company or employer.

Name (printed): _____

Signature: _____ Date: _____