



Commercial Use Authorization - Application Request Form

Name: \_\_\_\_\_ Fed Tax ID #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Physical Address (if different from mailing address): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ Website URL: \_\_\_\_\_

Business is being conducted as (check one):

Sole Proprietorship

Partnership

Corporation

Limited Liability  
Company

Other: \_\_\_\_\_

Person(s) authorized to sign on behalf of the business (name and title): \_\_\_\_\_

Type of CUA requested (check all that apply):

Guided Fishing – Colorado River

Land-Based Tours (Backcountry Roads)

Vessel Caretaking

Guided Fishing – Lake Powell

Waterski/Wakeboard Instruction

Minor Vessel Repair

Guided Hiking/Backpack

Stand-Up Paddleboard Instruction

Marine Salvage

Guided Hiking/ Canyoneering

Guided Scuba & Instruction

Launch & Retrieve - Boats/Vessels  
(Privately Owned Only)

Guided Hiking/Backpack w/ Packstock

Vehicle Towing Service

Launch & Retrieve – Motorized Vessels  
less than 26' (Commercially Owned Only)

Guided Hunting

Photography Workshop- Land Based

Launch & Retrieve – Human Powered  
Vessels (Commercially Owned Only)

Guided Kayak/Canoe & Instruction

Photography Workshop- Water Based

Mobile Food & Beverage Service

Description of Services to be provided under the CUA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Locations where services will be provided (check all that apply):

- |           |                |             |                |            |
|-----------|----------------|-------------|----------------|------------|
| Wahweap   | Lone Rock      | Lake Powell | Bullfrog       | Hite       |
| Stateline | Antelope Point | Backcountry | Halls Crossing | Lees Ferry |

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the information provided on this form is true and accurate to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Mail this request form to:

National Park Service  
Glen Canyon National Recreation Area  
Attn: CUA Program  
P.O. Box 1507  
Page, AZ 86040-1507

or Fax: 928-608-6326