United States Department of the Interior

NATIONAL PARK SERVICE

Golden Gate National Recreation Area
Building 201, Fort Mason
San Francisco, California 94123

IN REPLY REFER TO:

C3827(GOGA-BMD)

October 15, 2015

Dear Guided Service Operator:

Thank you for your partnership in bringing visitors to our national parks for recreational activities. Your organization has introduced people to our park areas, encouraged outdoor activity and healthy lifestyles, all of which are important priorities for Golden Gate National Recreation Area (GGNRA).

We have reached that time of the year when we will begin accepting renewals for our Commercial Use Authorization (CUA) program for Guided Services operations at GGNRA. The CUA term is from November 15, 2015 to November 15, 2016.

Please note that the CUA forms as well as the application process have changed from prior years, and we recommend you allow yourself ample time to complete the process. All application packets must be postmarked no later than November 6, 2015. To apply, submit the following materials to GGNRA:

1. CUA Application NPS Form 10-550 with original signature
2. Annual Survey NPS Form 10-660
3. Certificate of Insurance listing "The U.S. Government, National Park Service, Golden Gate National Recreation Area, 201 Fort Mason, San Francisco, CA 94123" as Additional Insured.
4. Check or money order payable to "DOI, National Park Service"
   Total Fee = $500 Application Fee plus $75 per placard requested.

Mail materials to:
Golden Gate National Recreation Area
Attention: Business Management Division
Building 201, Fort Mason
San Francisco, CA 94123

Upon approval of your application, GGNRA will email you the official permit for signature. A signed copy must be returned to GGNRA before your requested CUA identification cards will be released.

Thank you again for your ongoing commitment to bringing visitors to our national parks. If you have any questions regarding the CUA application process or the program in general, please contact me at 415-561-4948.

Sincerely,

Katie Beltrano

Katie Beltrano
CUA Program Manager

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

APPLICATION INSTRUCTIONS
COMMERCIAL USE AUTHORIZATION

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 ***Guided Services***, and the service you are proposing to provide, ***Hiking, Biking, Horseback riding, and/or Kayaking.***
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, Golden Gate National Recreation Area, 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 the Application/Administrative Fee.
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.

Appendix I: Special Park Conditions

Additional Information:

The National Park Service has terms and conditions on all commercial service agreements. The following terms and conditions will apply to all Commercial Use Authorizations. There may be additional terms and conditions based on the services provided. These may include but are not limited to limits to locations, times, group size, and employee licenses and certifications.

CONDITIONS OF THIS AUTHORIZATION

1. The holder is prohibited from knowingly giving false information. To do so will be considered a breach of conditions and be grounds for revocation: [RE: 36 CFR 2.32(a)(3)].

2. The holder shall exercise this privilege subject to the supervision of the park area Superintendent. The holder shall comply with all applicable laws and regulations of the area and terms and conditions of the authorization. The holder must acquire all permits or licenses of State or local government, as applicable, necessary to provide the services described above, and, must operate in compliance with all applicable Federal, State, and local laws and regulations, including, without limitation, all applicable park area policies, procedures and regulations. The commercial services described above are to be provided to park area visitors at reasonable rates and under operating conditions satisfactory to the park area Superintendent.

3. This authorization is issued upon the express condition that the United States, its agents and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury, injuries, or death to any person or persons or property of any kind whatsoever, whether to the person or property of the (holder), its agents or employees, or third parties, from any cause or causes whatsoever while in or upon said premises or any part thereof during the term of this authorization or occasioned by any occupancy or use of said premises or any activity carried on by the (holder) in connection herewith, and the (holder) hereby covenants and agrees to indemnify, defend, save and hold harmless the United States, its agents, and employees from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same.

4. Holder agrees to carry general liability insurance against claims occasioned by the action or omissions of the holder, its agents and employees in carrying out activities and operations under this authorization. The policy shall be at least $1,000,000 and naming the United States of America, as additional insured. Holder agrees to have on file with the park copies of the above insurance with the proper endorsements.

5. Costs incurred by the park as a result of accepting and processing the application and managing and monitoring the authorization activity will be reimbursed by the holder. Administrative costs and estimated costs for activities onsite must be paid when the authorization is approved. If any additional costs are incurred by the park, the holder will be billed at the conclusion of the authorization.

6. Benefit – Neither Members of, nor Delegates to Congress, or Resident Commissioners shall be admitted to any share or part of this authorization or derive, either directly or indirectly, any pecuniary benefit to arise therefrom: Provided, however, that nothing herein contained shall be

construed to extend to any incorporated company, if the authorization be for the benefit of such corporation.

7. This authorization may not be transferred or assigned without the written consent of the park area Superintendent.

8. This authorization may be terminated upon breach of any of the conditions herein or at the discretion of the park area Superintendent.

9. The holder is not entitled to any preference to renewal of this authorization except to the extent otherwise expressly provided by law. This authorization is not exclusive and is not a concession contract.

10. The holder shall not construct any structures, fixtures or improvements in the park area. The holder shall not engage in any groundbreaking activities without the express, written approval of the park area Superintendent.

11. The holder is to provide the park area Superintendent upon request (and, in any event, immediately after expiration of this authorization) a statement of its gross receipts from its activities under this authorization and any other specific information related to the holder's operations that the park area Superintendent may request, including but not limited to, visitor use statistics and resource impact assessments.

12. The holder is to maintain an accounting system under which its accounts can be readily identified within its system of accounts classification. This accounting system must be capable of providing the information required by this authorization. The holder grants the United States of America and the Government Accountability Office access to its books and records at any time for the purpose of determining compliance with the terms and conditions of this authorization.

13. Executive Order 13658 – Establishing a Minimum Wage for Contractors, and its implementing regulations, including the applicable contract clause, are incorporated by reference into this contract as if fully set forth in this contract. The applicable contract clause is available at https://federalregister.gov/a/2014-23533.

APPENDIX I: SPECIAL PARK CONDITIONS

Definitions

The following definitions shall apply to the terms found herein:

- **Commercial Use Authorization** – A form of written authorization issued by the Superintendent under which persons are allowed to provide certain commercial services to visitors of the GGNRA.
- **Holder** - For the purpose of this authorization, the term "Holder" shall mean a person, company and/or corporation to whom this Commercial Use Authorization (CUA) has been issued. This definition shall include employees and/or agents of the person, company, and/or corporation to whom this authorization is issued.
- **Guided Services** - For the purpose of this authorization, the term "Guided Services" shall mean any type of guided commercial activity provided to GGNRA area visitors for a direct to indirect fee or charge. This definition includes but is not limited to hiking, bicycling, kayaking and equestrian activities, education, instruction, and recreation for groups of all sizes. Operators that offer commercial guided services within the GGNRA Authorized Sites more than four (4) times per year are required to obtain a National Park Service Commercial Use Authorization.

A. Acknowledgement - In accepting this authorization, the Holder acknowledges that the proposed activity, in order to qualify for a Commercial Use Authorization, must bear a direct relationship to the purpose for which GGNRA was established, i.e. visitor understanding and enjoyment of park areas.

B. Employee / Agent Responsibility - The Holder and all participants authorized herein must comply with the conditions of this authorization including all exhibits or amendments or written directions of GGNRA Superintendent. The Holder shall insure that all employees and customers entering GGNRA are informed of all "Special Park Conditions" of this authorization. The Holder may be cited for any violations of the authorization committed by their employee and/or agent while acting under this authorization.

C. Insurance - The Holder shall provide the GGNRA with a Statement of Insurance and Certificate of Insurance for the following at the inception of this authorization and upon renewal of insurance thereafter, and shall provide the GGNRA thirty (30) days advance written notice of any material change in the Holder's insurance program hereunder.

1) The Holder shall provide comprehensive general liability insurance in the amount commensurate with the degree of risk and the scope and size of such activities authorized herein, but in any event, the limits of liability shall not be less than $500,000.00 per occurrence covering both bodily injury and property damage.
2) If transporting customers, the Holder must notify the CUA Program Manager and the Holder may be required to obtain an additional CUA for Commercial Carriers. The Holder shall provide comprehensive vehicle insurance in the amount commensurate with California Public Utilities Commission (CPUC) standards.
3) The Holder shall provide Statutory Worker's Compensation and employees' liability as required by the State of California.

D. Use Limits - It is expressly understood that the Superintendent may impose public use limits based upon his/her authority stated in Title 36 of the Code of Federal Regulations, Section 1.5. It is also understood that possession of this Authorization does not guarantee entry into GGNRA. The Holder is subject to the following use limits specifically:

1) Guided Services activities may not block any paths, walkways, bridges, roads, or parking areas.
2) Picnic tables, benches, bridges, trees, bushes, or other fixtures and vegetation may not be incorporated into activities.
3) The posting of balloons, flags, ribbons, signs or other markers is prohibited on and adjacent to all trails.
4) GGNRA staff will occasionally perform maintenance duties that temporarily restrict access to trails, roads, sites or specific areas within sites. In the case of long term maintenance activities, GGNRA will make the best effort to advise the Holder of closures in advance.
5) GGNRA trails, roads and/or sites may be closed or restricted from time to time in response to crowded conditions, special events, natural events, or special park projects to protect resources and assure quality visitor experiences. Guided Services activities will not have access to areas under such circumstances.
6) Established GGNRA roads, trails, shorelines, and parking areas are to be used exclusively for the purpose for which they are designed. All other activities that are contrary to or otherwise inappropriate to the use of designated areas may result in either a citation or the termination of Commercial Use Authorization (CUA), or both.

E. Group Size limits and Guide/Participant Ratios – A minimum of one guide (at least 21 years old) must accompany each group. Group size limits and guide/participant ratios for each Guided Services activity type are as follows:

Hiking: Group size limit: **16** participants, not including guide(s)
Ratio: 1:8 (at least one guide for every eight participants)

Trail Biking: Group size limit: **6** participants, not including guide(s)
Ratio: 1:6 (at least one guide for every six participants)

Road Biking: Group size Limit: **20** participants, not including guide(s)
Ratio: 1:10 (at least one guide for every ten participant(s)

Kayaking: Group size Limit: **12** (boats), not including guide(s)
Ratio: 1:6 (at least one guide for every six boats)

Equestrian: Group size Limit: **10** participants, not including guide(s)
Ratio: 1:5 (at least one guide for every five participants)

F. Biking – The following terms and conditions apply to all Holders and guides who participate in guided bicycling activities within GGNRA:

1) For safety reasons, the maximum group size for bicycles participating in Guided Services activities on roads and routes is twenty (20), not including guide(s). If the group size is larger than twenty participants, the group needs to be divided into smaller subgroups not to exceed twenty participants. To avoid consolidation, subgroups must be staggered no less than fifteen (15) minutes apart.
2) Safety helmets must be worn at all times while conducting bicycling activities.
3) The following speed limits apply for all bicycling activities in GGNRA:
   I. The maximum speed limit on paved park roads is 35 mph unless otherwise posted.
   II. The maximum speed limit on graded park roads is 25 mph unless otherwise posted.
   III. The speed limit for bicycles in developed areas is 15 mph and 5 mph around blind curves on the following:
      - Great Meadow, Fort Mason
      - Lincoln Boulevard Bike Way, Presidio Area A
      - Mason Avenue Bike Path, Crissy Field
      - McDowell Road, Fort Mason

G. Kayaking – The following terms and conditions apply to all Holders and guides who participate in guided kayaking activities within GGNRA:

1) Designated areas for put-in and take-out of kayaks are: a) boat ramp at Fort Baker and, b) Crissy Field (East Beach) only. All other areas are prohibited.
2) All kayaking guides must be at a minimum First Aid and CPR certified.
3) All kayaking guides must be able to perform open water rescues and are required to do so when necessary.
4) The following areas are CLOSED to kayaking activities:
   I. Alcatraz Island shoreline and docks
   II. Crissy Field wildlife protection area which encompasses: from the west, starting at Fort Point Mine Depot (a.k.a. Torpedo Wharf) eastward to concrete riprap, which lies approximately 700 feet east of former Coast Guard Station, and extending from the northern border of the Promenade northward, including all tidelands, to 100 yards off shore.
   III. Lobos creek
   IV. Redwood Creek
   V. Rodeo lagoon and seasonal inlet
   VI. Rodeo Lake

H. First Come, First Served – The GGNRA Sites authorized herein are available to Guided Services activities on a first come, first served basis. Scheduling conflicts among competing operators are the responsibility of the individual operators.

I. CUA Identification Possession – The Holder and all agents shall carry a State-issued identification (i.e. valid Driver's License) on their persons at all times when operating Guided Services activities within GGNRA. Guides must also carry a CUA Identification Card provided by GGNRA in addition to proof of current First Aid and CPR certification.

J. Health Codes – The Holder will comply with applicable public health and sanitation standards and codes.

K. NPS Leave No Trace – The Holder agrees to conduct all guided activities in strict accordance to the principles and guidelines of "Leave No Trace" (see Appendix II) and ensures that its employees and clients abide by the same guidelines while in GGNRA.

L. NPS Interpretation – The Holder acknowledges the receipt of NPS Interpretive materials and agrees to incorporate related NPS interpretive information and resource sensitivity awareness into all Guided activities in GGNRA. Additional historical, cultural and natural resource interpretive information may be found on the GGNRA website at: **http://www.nps.gov/goga/historyculture/index.htm** and **http://www.nps.gov/goga/naturescience/index.htm**.

M. Behavior and Conduct - The Holder shall require its agents to exercise courtesy and consideration in their relations with the public and with NPS employees, volunteers or other agents. The Holder will review and correct the conduct of any of its employees or volunteers whose actions or activities are considered by the Service to be inconsistent with the experience, enjoyment, and protection of visitors and stewards of public land.

N. Dogs – Pets and other animals are not allowed on guided activities at any time, with the exception of Service Dogs.

O. Damages - The Holder shall pay the United States for any damage resulting from this use, which would not reasonably be inherent in the use described herein.

P. Guides - All Guides must be properly trained and skilled to perform Guided Services at GGNRA. Guides must be knowledgeable of terrain and current conditions at all times in order to ensure employee and visitor safety. All kayaking guides must be (at a minimum) First Aid and CPR certified. For all other Guided Services activities, at least one guide per group must be currently certified (at a minimum) in First Aid and CPR. Proof of certification must be available and presented upon request.

Q. Safety – The Holder shall take every reasonable precaution to ensure the safety of its clients, its employees, other GGNRA visitors, and GGNRA employees.

R. Acknowledgment of Risk – The Holder shall not require visitors/customers to sign a Waiver of Liability or Indemnification form. The Holder may instead require a signed Acknowledgment of Risk form from visitors, in which case the NPS standard Acknowledgement of Risk form is strongly preferred to other documents.

S. Hours of Operation - NPS hereby authorizes the Holder to operate in GGNRA Authorized Sites for Guided Services activities during publicly posted hours of operation only, unless specifically authorized for after-hours entry by a Special Use Permit issued by NPS.

T. Advertising - Advertising for the authorized activity shall not state or imply endorsement by GGNRA or the National Park Service. Upon request, the CUA Holder will provide GGNRA with copies of advertising brochures and any other materials related to guided activities within GGNRA.

U. Emergency Information – In the event of an emergency, the Holder or any agent must call Park Dispatch at: (415) 561-5656.

V. Annual Survey(s) - The Holder agrees to complete the Annual CUA Survey for Guided Services operations. This survey will be distributed by GGNRA and must be received before a renewal permit will be issued. The Holder also agrees to cooperate in other surveys that may be conducted by GGNRA designed to assist in NPS management actions.

W. Nondiscrimination – The Holder shall comply with all Federal Equal Opportunity laws.

APPENDIX II: LEAVE NO TRACE

For the responsible enjoyment and active stewardship of GGNRA, the following principles of Leave No Trace must be followed by all permit Holders, guides and their clients:

A. Plan Ahead and Prepare

1) Know the regulations and special conditions for the area you plan to visit.
2) Prepare for extreme weather, hazards, and emergencies.
3) Schedule your trip to avoid times of high use.

4) Visit in small groups. Split larger parties into smaller groups.
5) Repackage food to minimize waste.
6) Use a map and compass to aid in navigation.

B. Respect Wildlife

1) Observe wildlife from a distance. Do not follow or approach them.
2) Never feed animals. Feeding wildlife damages their health, alters natural behaviors, and exposes them to predators and other dangers.
3) Protect wildlife and your food by storing rations and trash securely.
4) Leave pets at home.

C. Be Considerate of Other Visitors

1) Respect visitors and protect the quality of their experience.
2) Be courteous. Yield to other visitors on roads, walkways and trails.
3) Let nature's sound prevail. Avoid loud voices and noises.

D. Dispose of Waste Properly

1) Pack it in, pack it out. Inspect your rest areas for trash or spilled foods. Pack out all trash, leftover food, and litter.
2) Unless utilizing park restroom and/or port-o-potty facilities, all human waste, toilet paper and hygiene products must be packed out.
3) To wash yourself or your eating utensils, carry water 200 feet away from streams, rivers and other natural bodies of water and use only small amounts of biodegradable soap.

E. Leave What You Find

1) Preserve the past: observe, but do not touch, cultural or historic structures or artifacts.
2) Leave rocks, plants and other natural objects as you find them.
3) Avoid introducing or transporting non-native species.
4) Do not build structures, furniture, or dig trenches.

APPENDIX III: LIST OF GUIDES AND BUSINESS VEHICLES

List of Guides

Please list all guides and/or leaders that the Holder has designated to lead or assist in the conducting of Guided Services activities in the Park (*attach separate sheet if needed*):

Guide's Name (Last, First)	Emergency Phone (include area code)	First Aid Certified (Yes/No)	CPR Certified (Yes/No)	Other Certification(s) (List)

APPLICATION FORM
COMMERCIAL USE AUTHORIZATION

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

DEPARTMENT OF THE INTERIOR
National Park Service
Golden Gate National Recreation Area
Attention: Business Management Division
201 Fort Mason
San Francisco, CA 94123
(415) 561-4948

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 by check or money order to DOI, National Park Service.

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: _____

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 Instructors**

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 $500,000 per occurrence. Some activities will require increased coverage. See Park-Specific instructions.

If your application is approved, GGNRA will provide CUA Identification Cards that must be carried by your employees while on site – **how many cards are you requesting**_____?

Will your business operate vehicles (car, truck, van, bus, taxicab, boats, aircraft etc.) within NPS boundaries____? Yes ☐ No ☐

If "yes," please give a description of each vehicle. Use additional paper 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.

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_____

(12) **FEE:** Please include the Application/Administrative fee as outlined in the Park Specific instructions in the amount of $500 plus $75 per placard made payable to "DOI, National Park Service."

(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.

ANNUAL REPORT INSTRUCTIONS
COMMERCIAL USE AUTHORIZATION

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

INSTRUCTIONS

These instructions correspond to the numbered questions in Form 10-660.

1. Enter your contact information as it appears on your permit application.

2. Enter the service you provide as it appears on your permit application.

3. Enter the number of visitors who use your service. Enter the number of trips your company made to the park; i.e., a two person backpack trip for 3 days is ONE TRIP. Note: if you submit monthly reports, we only require you to add the monthly reports together.

4. Enter the average number of hours or days a customer spends in the park on one of your trips.

5. Check the box that best describes the level of importance the park plays in this CUA.

6. Enter the percentage of your activity that takes place in the park.

   Example: If you raft through the park and 8 of 10 miles are inside the park, then 80% of the activity takes place in the park. OR If you spend 4 hours on a hike and the last hour is hiking outside the park then you spend 75% of the activity in the park.

7. Enter your total gross receipts for this business year.

8. Enter the dollar amount of your gross receipts that is the portion of your total gross receipts that you earned as a result of visiting the park.

   If the park is the exclusive destination for your activity, then 100% of your gross receipts are a result of your visiting the park. If it is a primary or incidental destination, then estimate what percentage is a result of visiting the park. As a general rule, this should not be less than the answer to #6.

9. Provide details of any reportable injuries incurred to you, your employees, or clients this year.

10. Signature of business owner or authorized agent.

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

ANNUAL REPORT
COMMERCIAL USE AUTHORIZATION

DEPARTMENT OF THE INTERIOR
National Park Service
Golden Gate National Recreation Area
Business Management Division
201 Fort Mason
San Francisco, CA 94123
(415) 561-4948

Please enter the information below. Refer to the instructions on page 1.

1. **Contact Information**

Holder Name: _____ *Contact Person* (if different): _____

Business Name: _____ *Email:* (business) _____

Mailing Address: _____ *Email*: (Contact Person) _____

_____ *Website*: _____

Phone: _____ *Fax*: _____

2. **Services provided:**

_____

VISITOR USE INFORMATION

3. How many clients did you serve within the park? _____

   How many trips did your company make to the park this year? _____

4. What was your average length of stay per visit in the park this year?
   (For day trips show the average number of hours that you spend in the park per trip.
   For overnight trips show the average number of nights that you spend in the park per trip.
   If both types of trips were offered show the average length of stay for each type.)

   Day Use
   Number of Day Trips _____ Average Hours/trip _____
   (Show trips that use lodging outside of the park, as day trips.)

   Overnight Use
   Number of Overnight Trips _____ Average # of Nights/trip _____
   (May include 1st day travel to trailhead and last day exiting backcountry.)

5. The park is:

   ☐ the **exclusive** destination for your clients. (This means it is the only destination being offered on the trip, not including brief stops along the way. 100% of your trip is a result of your visiting the park.)

☐ a key **destination** or a **significant location**. (This means it is one of several sites where your services are provided. Some percentage of your trip is a result of visiting the park.)

6. What percentage of your trip is a result of visiting the park? _____

FINANCIAL INFORMATION

7. What were the total gross receipts from your operation? _____

8. What were the gross receipts earned as a result of visiting the park? _____
See Instructions

INJURY INFORMATION

9. Did you have any reportable injuries occur during your trips this year? Yes ☐ No ☐

***If yes**, please use a separate sheet of paper to report the date and type of injury and a brief statement of the incident and the outcome of the patient care, please omit the patient's name.* A reportable injury involves any medical incident or injury requiring medical aid beyond Basic First Aid and/or when a request for medical aid/rescue assistance is made. You do not need to send in a report if you have already done so.

10. Signature: False, fictitious or fraudulent statements of representations made in this report 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 report. 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 U.S.C. 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 impact to park resources and compliance with park regulations and limitations. We estimate that it will take approximately 1.25 hours to prepare a report, including time to review instructions, gather and maintain data, and complete and review the report. 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.