



## APPLICATION FOR SPECIAL USE PERMIT



**Golden Gate National Recreation Area**  
**Office of Special Park Uses-CDW**  
201 Ft Mason, San Francisco CA 94123

Phone: 415-561-4300 Fax: 415-561-4305 GOGA\_Permits@nps.gov  
<http://www.nps.gov/goga/planyourvisit/specialparkuses.htm>

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$75.00 USD must accompany this application. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America an additional insured.

Applicant Name		Telephone Number	
Organization		Cell Phone Number	
Social Security Number or Tax ID number		Fax Number	
Email Address			
Street Address			
City	State	Zip Code	Country
Proposed Activity			
Preferred Date 2/1/2021-1/31/2022	Preferred Location See attached	Preferred Time See attached	
Alternate Date(s)*	Alternate Location(s)*	Alternate Time(s)*	
* Alternatives will be considered if first choice is not available.			
Maximum Number of Participants		Maximum Number of Vehicles	
List of Equipment			
Individual in charge of activity onsite who is authorized to make decisions related to the permitted activity:			Cell Phone Number
Have you visited the requested area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this an exercise of a First Amendment rights? <input type="checkbox"/> Yes <input type="checkbox"/> No	

***If the area on the application form is insufficient, please feel free to use this table.***

Please indicate the number of daily trips in the appropriate time of day and location block.

**AM** = park opening to 11:59am

**PM** = 12:00pm to park closing

	Fort Funston	Ocean Beach	Baker Beach	Presidio	Crissy Field	Fort Mason	Alta Trail	Rodeo Beach	OTHER: describe
<b>Monday AM</b>									
<b>Monday PM</b>									
<b>Tuesday AM</b>									
<b>Tuesday PM</b>									
<b>Wednesday AM</b>									
<b>Wednesday PM</b>									
<b>Thursday AM</b>									
<b>Thursday PM</b>									
<b>Friday AM</b>									
<b>Friday PM</b>									
<b>Saturday AM</b>									
<b>Saturday PM</b>									
<b>Sunday AM</b>									
<b>Sunday PM</b>									

**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. Send the completed application along with the application fee to the address on the first page. Application fees should be paid by calling the Office of Special Park Uses with your Visa, MasterCard, or American Express credit card number. If you cannot provide a credit card number and wish to pay by cashier's check, money order or personal check, you must clear that with the Office of Special Park Uses **in advance**.

If your request is approved, a permit containing applicable terms and conditions will be sent you after the permit charges are paid for. 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.

**Customers Making Payment by Personal Check**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

**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**

<b>Project Number/BILL</b>	<b>Date Processed</b>
<b>Permit Number</b>	<b>Prepared By</b>
<b>Organization Name</b>	

**Credit Card Authorization**  
All credit card information is protected under the Privacy Act of 1974

<b>Applicant Name</b>		<b>Cardholder Name (as it appears on card)</b>  <input type="checkbox"/> Same as "Applicant"		
<b>Company Name (if applicable)</b>		<b>Telephone Number</b>	<b>Cell Phone Number</b>	
<b>Email Address</b>		<b>Federal Taxpayer Identification or Social Security Number</b>		
<b>Credit Card Billing Address</b>				
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Country</b>
<b>Amount to be Billed to Card</b> NON-REFUNDABLE Application Cost <b>\$75.00</b> USD Per Walker Cost <b>\$300.00</b> USD <b>TOTAL to be charged: \$</b>				
<b>Type of Credit Card</b>  <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa		<b>Credit Card Number</b>		<b>Security Code</b>
<b>Expiration date:</b>				
<b>I hereby authorize my card to be charged the amount indicated above in connection with the issuance of the requested Special Use Permit:</b>				
<b>Cardholder Authorized Signature</b>			<b>Date</b>	

**INTERNAL AGENCY USE ONLY**

<b>Received Date</b>		<b>Deposit Date</b>		
<b>Official Receipt #</b>		<b>Deposit Doc #</b>		
<b>Permit Number</b>		<b>Prepared By and Date</b>		
<b>Organization Name and Account Number</b>				