NPS Form 10-932
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# National Park Service

**Governors Island National Monument**
**New York, NY 10004**
**212.825.3048**

## Application for Commercial Filming / Still Photography Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow **AT LEAST** five (5) business days for processing. A $100.00 non-refundable processing fee will be required to fully process this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges, a location fee, and proof of liability insurance naming the United States of America as also insured.

**Enter either a social security number OR a tax ID number: we do not require both.**

| | |
|---|---|
| Applicant: | Company: |
| Social Security #: | Tax ID #: |
| Street/Address: | Street/Address: |
| City/State/Zip Code: | City/State/Zip Code: |
| Telephone #: | Telephone #: |
| Cell phone #: | Cell phone #: |
| Fax #: | Fax #: |
| E-mail: | E-mail: |

| | |
|---|---|
| Project Name: | Producer: |
| Location Manager: | Photographer: |
| Telephone #: | Director: |
| Cell Phone #: | Insurance Company: |
| Email: | |

**TYPE OF PROJECT:** ☐ Stills, editorial ☐ Stills, advertising ☐ Stills, other ☐ Stock photo/video/film
☐ Feature Film/TV Movie ☐ TV Series/Pilot ☐ Documentary/Travelogue ☐ Commercial
☐ Music Video ☐ Infomercial ☐ Industrial ☐ Public Service Announcement
☐ Other, explain

**Will there be sound recording?** ☐ Yes ☐ No
**Will there be night work?** ☐ No ☐ Yes, explain _____
**Detailed description of on-site activities:**

Talent is defined as anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, National Park Service (NPS) and concessioner staff, etc.

**Do you intend to utilize talent?** ☐ Yes ☐ No

If yes, provide a full description of who they are and how they will be utilized:

**LOCATION SCHEDULE:**

| Date | Location | Start Time | End Time | Interior or Exterior | FILM | PREP | STRIKE | # of cast & crew* |
|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ | ☐ | ☐ | |
| | | | | | ☐ | ☐ | ☐ | |
| | | | | | ☐ | ☐ | ☐ | |
| | | | | | ☐ | ☐ | ☐ | |
| | | | | | ☐ | ☐ | ☐ | |
| | | | | | ☐ | ☐ | ☐ | |
| | | | | | ☐ | ☐ | ☐ | |

*number in this column should include all individuals present at the location

**How will individuals with access to the site be identified?** (Identification tags are recommended.)

**Electrical needs, explain**: _____ **Generator:** ☐ No ☐ Yes, size _____

**Lighting:** ☐ None ☐ Reflectors only ☐ Yes (explain)

**Road Use:** _____ **Date/time:** _____

☐ Closure requested

☐ Running shots ☐ Driving shots ☐ Drive-bys ☐ Tow shots ☐ Drive-ups & Away ☐ Wet down road

☐ Camera/Equipment on Road Shoulder ☐ Camera/Equipment on median ☐ Other (explain)

**OPERATIONAL INFORMATION:**

**Vehicles:**

Personal Cars:_____ Large Trucks:_____ Other Trucks:_____ Vans:_____ Motor homes:_____

Semi-Tractor Trailers:_____ Camera Car:_____ Picture Cars:_____ Dressing Rooms:_____

Other Vehicles (explain)

**Large or oversized vehicles may not be able to be accommodated or additional steps may need to be taken to ensure that no damage to park resource occurs.**

**Vehicles to be parked on or need access to park property (attach additional sheets if necessary):**

| Make | Model | Color | State | License Plate # |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Base Camp Location:_**

(attach diagram if necessary)

**CATERING INFORMATION**

Catering Co. Name: _____ Phone Number: _____

On-site Manager: _____ Food License Information: _____

Equipment:

**SPECIAL ACTIVITIES:**

Children? ☐ None ☐ Yes, number of children: _____ & age range: _____

Animals? ☐ None ☐ Yes (explain): _____

Trainer Name: _____ Phone Number: _____

Aircraft? ☐ No ☐ Yes (explain):

Special Effects? ☐ No ☐ Yes (identify): _____

Effects Technician Name: _____ Phone Number: _____

License # (if applicable): _____ Permit # (if applicable) _____

Stunts? ☐ No ☐ Yes (explain): _____

Coordinator: _____ Phone_____

Any other unusual or hazardous activities? ☐ No ☐ Yes (explain):

Are you familiar with/ have you visited the requested area? ☐ No ☐ Yes

Have your obtained a permit from the National Park Service in the past? ☐ No ☐ Yes
(If yes, provide a list of permit dates and locations on a separate page.)
Do you plan to advertise or issue a press release before the event? ☐ No ☐ Yes

**ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR PERMIT REQUEST INCLUDING INFORMATION ABOUT:** set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site cleanup. Include a proposed Site Plan(s).

**CONTACTS:**
**Person on location responsible for company's adherence to all terms & conditions of a Film Permit:**
Name: _____ Title: _____ Phone: _____
**Person on location responsible for coordinating activities with the NPS:**
Name: _____ Title: _____ Phone: _____
**Person at the company office to contact for follow up information and billing:**
Name: _____ Title: _____ Phone: _____

I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

**Signature:** _____ **Title:** _____ **Date:** _____
**Company Name:** _____

Information provided will be used to determine whether a permit will be issued. Payments can be made through Pay.gov (Payments can also be made through Pay.gov (search for “Governors”; find “Governors Island National Monument Special Use”; click on “Continue to the Form.”) Accepted payment methods include Bank Account (ACH), PayPal Account, Dwolla Account, and Debit or Credit Card.

Application Fee ($100.00) and administrative charges (TBD) are non-refundable. This completed application should be emailed to Jonathan_belson@nps.gov or mailed to the National Park Service, Governors Island National Monument, 10 South Street New York, NY 10004 Attn: Jonathan Belson

Note that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 30 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 National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2465), Washington, D.C. 20240