



# United States Department of the Interior

NATIONAL PARK SERVICE  
Haleakalā National Park  
Post Office Box 369  
Makawao, Hawaii 96768-0369

## Application for a Commercial Use Authorization - 2008

Date: \_\_\_\_\_

Legal Name of Company: \_\_\_\_\_

Federal Tax ID # or SS

Dba, if any: \_\_\_\_\_

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

City, State, ZIP \_\_\_\_\_

Country \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Country \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Website URL Address: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner Email Address: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Manager Email Address: \_\_\_\_\_

1. What is the legal form of the Applicant (Please check one below and supply requested information):

- a.  Sole Proprietor
- b.  Corporation: (State: \_\_\_\_\_ Entity Number \_\_\_\_\_)
- c.  Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)
- d.  Partnership/Association: *Print the names of each partner. If there is more than two partners, please attach a complete list of their names.*

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

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

- e.  Other (Please specify & attach documentation) \_\_\_\_\_

2. If you are a sole proprietor or partnership, are you also a citizen(s) of the United States?  YES  NO

3. Does the Applicant have a current business license issued by the county or state in which the Applicant is located?  YES License number: \_\_\_\_\_ Issued by: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 O Explain why: \_\_\_\_\_
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4. Is the Applicant (including any officer, principal, partner or employee of the Applicant)  YES  O employed by any National Park Service location?  
 Park/Office where employed \_\_\_\_\_ Title \_\_\_\_\_
5. Does the Applicant (including any officer, principal, partner or employee of the Applicant)  YES  O have any spouse or minor children employed by any National Park Service?  
 Park/Office where employed \_\_\_\_\_ Title \_\_\_\_\_
6. Description of Proposed Activity
- A. Services Offered: (Check only one)
- Astronomy  Bicycling  Guided Hiking & Backpacking  
 Horseback Riding  Road-Based Tours  Other \_\_\_\_\_
- B. What time(s) of day are you applying for? : (Check all that apply)
- Sunrise  Morning  Afternoon  Sunset/ nighttime
- C. Season of Operation (include months): \_\_\_\_\_
- D. Park Location(s)  Summit  Kipahulu  Wilderness Area
- Describe route/itinerary: \_\_\_\_\_
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- E. Estimated number of trips \_\_\_\_\_ per  Day  Month  Year
- F. Estimated duration of trip \_\_\_\_\_
- G. Estimated group size (including guide): \_\_\_\_\_
- H. What is your estimated GROSS receipt for this activity: \_\_\_\_\_
- I. Will stock animals be used?  YES  O  
 If "Yes", describe: \_\_\_\_\_
- J. Will food be provided?  YES  O  
 If "Yes", describe: \_\_\_\_\_
- K. Will you provide your clients with transportation into and/or out of the Park?  YES  O  
 If "Yes", what kind? \_\_\_\_\_

7. Currently or within the past 5 years, has the Applicant (including any officer, principal, partner or employee of the Applicant) been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation? (minor traffic violations excluded)      YES    NO

If "Yes", please give a description of each violation. Attach additional sheets if necessary.

Date of Violation: \_\_\_\_\_

Was this a conviction? \_\_\_\_\_ Was Collateral forfeited? \_\_\_\_\_

Name of Business or Person(s) \_\_\_\_\_

Place of Violation? \_\_\_\_\_

Court Name: \_\_\_\_\_

Provide Details : \_\_\_\_\_

8. Currently or within the past 5 years, have any of the Applicant's current or proposed employees been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation? (minor traffic violations excluded)  YES    NO

If "Yes", please give a description of each violation. Attach additional sheets if necessary.

Date of Violation: \_\_\_\_\_

Was this a conviction? \_\_\_\_\_ Was Collateral forfeited? \_\_\_\_\_

Name of Business or Person(s) \_\_\_\_\_

Place of Violation? \_\_\_\_\_

Court Name: \_\_\_\_\_

Provide Details: \_\_\_\_\_

\_\_\_\_\_

9. Name of employee(s) who will work under the CUA if issued. Please list both name and position. You may attach a separate list if you have more employees than space provided.

NAME	POSITION (e.g. guide, driver, etc.)

Commercial Use Authorizations (CUAs) are issued to persons (individuals, partnerships and corporations) to provide commercial services to park area visitors in limited circumstances. CUAs are not concession contracts. CUAs may be limited in order to ensure preservation of park resources and values. Should it be necessary to limit a type of service, issuances of CUAs will be through a competitive process using the following criteria. You are welcome to attach additional pages in response to the following questions if needed.

1. Please describe how your company uses Green Technology \_\_\_\_\_

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2. Please describe your company's past experience in conducting the activity in which you are applying

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3. Please describe your technical expertise in the activity in which you are applying

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4. Please describe your safety record in conducting the type of activity which you are applying. Please include a copy of your documented safety plan.

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5. What types of skills and training requirements to have of applicants that apply for positions for this activity? \_\_\_\_\_

What type of training do you provide your employees once hired? Do you offer any additional training beyond the initial employee training? \_\_\_\_\_

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6. What percentage of your office staff are of Native Hawaiian decent? \_\_\_\_\_

What percentage of your field staff that would operate under the CUA are of Native Hawaiian decent? \_\_\_\_\_

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CUA applications will be reviewed to ensure that the proposed service/activity will have minimal impact on the park area's resources and values; are consistent with the purposes for which the park area was established; and are consistent with park management plans, policies and regulations. Haleakalā was established to preserve unique native Hawaiian ecosystems, scenic character, and associated Hawaiian culture; and to provide educational, inspirational, and recreational opportunities compatible with preserving natural and cultural resources values.

Please describe how your activity meets the requirements listed in the above paragraph. Attach additional pages if necessary.

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There are two types of CUAs—"In-Park Services" and "Out-Of-Park Services". The In-Park services originate and are provided solely within the boundaries of the park area and do not have annual gross receipts of more than \$25,000. Out-of-Park services originate and terminate outside the park area boundaries, regardless of annual gross receipts.

I am applying for a(n):  In-Park Service     Out-of-Park Service

Attached is a checklist of documentation required in order to review your application. If your application is approved, you will receive two copies of your Commercial Use Authorization. Once you receive this authorization, your permit will be considered "*In Progress*" status, allowing you to operate within Haleakalā ational Park for up to 30 days from the permit date. **If after the 30 days the agreement and associated paperwork is not signed and returned, your status will be changed to "*Invalid*" and you will not be allowed to enter and operate a business within the park.**

**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. Applications signed by an agent must be accompanied by evidence of that agent's authority.

I HEREBY CERTIFY that I am of legal age and authorized to do business in the state of Hawai'i and that I have personally examined the information contained in this application. I hereby attest that my statements and answers on this form and any attachments are true, complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature (Sign with Blue Ink)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

CUA Applicant Company name: \_\_\_\_\_

**Company Submitted:**    **Agency/NPS Approved:**    **Documentation Required:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Original copy of completed application</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Proof of Hawai'i Public Utilities Commission (PUC) license</b><br>(Issued by the State of Hawai'i)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>A copy of your General Excise Tax License</b><br>(Issued by the State of Hawai'i)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>An original copy of your general liability insurance.</b><br>Your insurance company must provide an ORIGINAL proof of insurance certificate with the "United States Government" named as additionally insured. As detailed on the attached insurance page, this needs to be a General Liability policy of at least \$500,000 coverage (\$300,000 for activities not providing transportation). The name on the policy under "INSURED" must match the name of the CUA applicant. (Original insurance certificate will be mailed directly from your carrier at your request.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>A copy of your current safety plan</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>A copy of your current brochure, advertising handouts &amp; business card(s)</b>  |

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**Only Required for Non Road-Based Tours (Bicycle, Hike, Horse, etc.)**

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>\$50.00 CUA Application Fee</b><br>non-refundable filing cost. Checks payable to "National Park Service"   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>\$250 Administrative Cost &amp; Initial Monitoring Fee</b><br>Check will be returned if your application is not approved. Checks payable to "National Park Service". |

Compile all documents as a package and mail to:  
National Park Service  
Commercial Business Office  
P.O. Box 369  
Makawao, HI 96768

Contact Information  
Office: 808-572-4440  
Fax: 808-572-4438  
Email: HALE\_Commercial\_Manager@nps.gov.