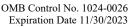
NPS Form 10-930 (Rev. 08/2019) National Park Service





# APPLICATION FOR SPECIAL USE PERMIT First Amendment



Haleakalā National Park
PO Box 369 Makawao, HI 96768
hale commercial manager@nps.gov

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee must accompany this application unless the requested use is an exercise of a First Amendment right. 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.

Enter either a Social Security Number OR a tax ID number; we do Applicant Name			Company/Organization Name					
Social Security Number*			Tax Identification Number*					
Street Address			Street Address					
City	State	Zip Code	Country	City		State	Zip Code	Countr
Telephone Number			Contact Name					
Cell Phone Number			Telephone Number					
Fax Number				Fax Number				
Email Address				Email Address				

Requested Location					
Set-Up Begins	Activity Begins	Activity Ends	Removal Completed		
Date Date	Date	Date	Date		
Time AM PM	Time ☐ AM ☐ PM	Time ☐ AM ☐ PM	│ 1 Time ☐ AM ☐ PM		
Date	Date	Date	Date		
Time AM PM	Time AM PM	Time AM PM			
Date	Date	Date	Date		
Time AM PM	Time AM PM	Time AM PN			
Maximum Number of		m Number of Vehicles (attach pa			
Participants (Best Estimate)	Coro	o/Light Trucks Litility/Vana/Tr	rucks Pugge/Oversized Vehicles		
	Cars Vans	s/Light Trucks Utility Vans/Tr	rucks Buses/Oversized Vehicles		
Support equipment (list all equip	ment; attach additional pages if ne	cessary)			
List support personnel including	addresses and telephones; attach	additional pages if necessary			
Name	Add	ress	Cell Phone Number		
Individual in above of activity on	oito vuho io quithories dita mastra de d	sicione related to the	Call Dhana Number		
permitted activity:	site who is authorized to make dec	disions related to the	Cell Phone Number		
Is this an exercise of First Amendment Rights?					
Have you visited the requested area?					
Have you obtained a permit from the National Park Service in the past?  (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?					
Will you distribute printed material? ☐ Yes ☐ No					
Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?  (If yes, please explain on a separate page.)					
Do you intend to solicit donations or offer items for sale? (These activities may require an additional permit.)					
Is this permit to carry out a Good Samaritan Search and Recovery Mission?					

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You are encouraged to attach additional pages with information useful in evaluating your permit request including: staging, sound systems, parking plan, security plans, sanitary facilities, crowd control, emergency medical plan, use of any building, site cleanup, etc.					
The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or statements have been given.					
Printed Name	Title				
Signature	Date				

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#### **NOTICES**

#### IMPORTANT NOTICE TO APPLICANT

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 in the form of a card payment (preferred), cashier's check, money order or personal check made payable to the **National Park Service** to the Special Use Permit Office at the park address found on the first page of this application.

If your request is approved, a permit containing applicable terms and conditions will be sent you. 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.

**Purposes and Uses:** The information being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

**Effects of Nondisclosure:** It is in your best interest to answer all of the questions. The U.S. Criminal Code, Title 18 U.S.C. 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 or 5 years in prison, or both. Deliberately and materially making false or fraudulent statements on this form will be grounds for not granting you a Special Use Permit

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 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 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

Project Number/BILL	Date Processed
Permit Number	Prepared By
Organization Name	

OMB Control No. 1024-0026

Expiration Date 11/30/2023