

**National Park Service
Hawaii Volcanoes National Park
P.O. Box 52
Hawaii National Park, HI 96718
808-985-6027**



**Application for Special Use Permit
Scattering of Ashes**

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$25.00 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 as also insured. The preferred method of payment is through Pay.Gov. They accept credit card, debit card, or check. Please call 808-985-6027 to obtain the permit number to insert onto the online Pay.Gov form located on our web-site www.nps.gov/havo. You must have this number in order to process payment. Please send a copy of the system generated receipt with this application. Or you may send a check or money order along with the application.

Applicant Name:	Company/Organization Name:
Tax ID #	
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Contact name:
Cell phone #:	Telephone #:
Fax #:	Fax#:
Email:	Email:

Description of Proposed Activity (attach diagram, attach additional pages if necessary):

Requested Location(s):

DATE(S)

Set up begins: (date and time)	Activity begins: (date and time)	Activity ends: (date and time)	Removal completed (date and time)

Maximum Number of Participants _____ (Please provide best estimate)

Maximum Number of vehicles: (attach parking plan)

_____ Cars _____ Vans/ltrucks _____ Utl.vans/trucks _____ Buses/oversized vehicles

Support equipment (list all equipment; attach additional pages if necessary)

[Empty box for support equipment details]

List support personnel including addresses and telephones; attach additional pages if necessary

[Empty box for support personnel details]

Individual in charge of activity on-site (include cell phone number) and authorized to make decisions related to the permitted activity:

Is this an exercise of First Amendment Rights? Y N

Have you visited the requested area? Y N

Have you obtained a permit from the National Park Service in the past? Y N

(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? Y N

Will you distribute printed material? Y N

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.) Y N

Do you intend to solicit donations or offer items for sale? (These activities may require an additional permit.) Y N

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 clean-up, 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.

Signature _____ Date _____

Printed Name _____ Title _____

Note: 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 Pay.Gov receipt or check to the **National Park Service** Attention Berkeley Yoshida at the Park address found on the first page of this application or e-mail to berkeley_yoshida@nps.gov

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.

NOTICES

Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. 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 (31 U.S.C. 7701). Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

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 other aspect of this form to the Information Collection Clearance Officer, National Park Service, 1849 C Street NW. (1237), Washington, D.C. 20240

Title 18 U.S.C. Section 1001 makes it a crime for any person to knowingly and willfully make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.