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OMB Control No. 1024-0268

Rev. Date: 08/31/2016

**APPLICATION INSTRUCTIONS**

**COMMERCIAL USE AUTHORIZATION**

**The following explanations correspond directly with the numbered items on the Application Form. Please read this entire document prior to completing the application. Include the nonrefundable application fee when submitting this application.**

1. These are the services which are currently approved in the park:

* Guided Rock Climbing
* Rock Climbing Instructor Certificate
* Backpacking,
* Horseback Riding
* Walking Tours (front-country)
* Hiking, Day Use
* Instructional Photography Workshops
* Instructional Art Workshops.

For other services, please contact the Office of Special Park Uses at (760) 367-5545

1. Respond “No” or list other parks where you will be providing this service.
2. Enter the legal name of your business. If you have a secondary name under which you are doing business (d.b.a.), please enter that name also.
3. Give the name(s) of persons designated as Authorized Agents for your business. This may include the on-site general manager responsible for day to day operations.
4. Provide contact information for both the main season and the off-season. Over the term of your authorization, it may be necessary to contact you to obtain or share information. Your contact information may also be published in the NPS Commercial Services Directory.
5. Check the box that identifies your type of business.
6. If the state in which you operate or the state where your business is domiciled requires a state business license, provide the license number and year of expiration.
7. Provide your Employer Identification Number (EIN). The Debt Collection Improvement Act of 1996 requires us to collect an EIN or Social Security Number (SSN). The NPS will not collect SSNs, only EINs. The EIN is issued by the Internal Revenue Service. You may receive a free EIN at <http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/How-to-Apply-for-an-EIN>. We will use the EIN that you provide as needed to collect debts.
8. Provide proof of General Liability Insurance naming the United States of America, National Park Service, as additionally insured in the amounts designated in the application.
9. NPS Management Policy prohibits employees of the NPS and their spouses and minor children from acquiring or retaining any authorization for conducting commercial services in a park area.
10. If your business or business owners or current employees or proposed employees have been convicted or are currently under charges for violation of State, Federal, or local law or regulation in the last 5 years, please give details (does not include minor traffic tickets).
11. Include payment of the Application/Administrative Fee (see Attachment B).
12. Please sign and date your application. If the person SIGNING this application is not an Authorized Agent for the business, proof of signing authority must accompany this application.

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**DEPARTMENT OF THE INTERIOR**

**APPLICATION FORM**

**COMMERCIAL USE AUTHORIZATION**

OMB Control No: 1024-0268

Rev. Date: 08/31/2016

**National Park Service**

Joshua Tree National Park

**Attention:** Special Park Use Office

74485 National Park Drive

Twentynine Palms, CA 92277

Phone: (760)367-5545 Fax: (760)367-5586

**IMPORTANT**: Before completing this application, please refer to the Application Instructions to verify that the service you are proposing is an approved commercial service. If the service you wish to provide is **not** listed on the table of approved commercial visitor services, contact us at the number above. Please submit your application fee of $ 465.00 for One-Year Permit or $ 315.00 for Single Even Permit with this

Some parks have minimum requirements for businesses that offer services to visitors relating to the safety and welfare of the visitors and protection of the resources. These requirements may include documentation of first aid training, an emergency response plan, limits to group size, etc.

1. **Service for which you are applying**

Climbing Guide Certification Program \*\*\*See Park Additional Instructions

 Limited Trip Climbing \*\*\* See Park Additional Instructions

 Guided Hiking on Established Trails

 Guided Backpacking

 Guided Front-Country or Back-Country Camping

 **Off Trail Travel** - ***Please check the box if your company plans to travel off established trails during your Hiking, Backpacking, or CampingTrips while in the backcountry****.* (No additional fee required) (\*\*\* See Park Additional Instructions)

1. **Will you be providing this service in more than one park? Yes**  **No  If yes, list all.**

Click here to enter text.

Click here to enter text.

1. **Applicant (Legal Business Name and DBA)**

Click here to enter text.

1. **Authorized Agents** (Owner and any onsite person authorized to manage the operation)

Click here to enter text.

1. **Mailing Address:**

***PRIMARY CONTACT INFO (Dates at this address*** Click here to enter text.***)***

Address: Click here to enter text.

City, State, Zip: Click here to enter text.

Email: Click here to enter text.

Website: Click here to enter text.

Day Phone: Click here to enter text. Evening Phone: Click here to enter text.

Fax: Click here to enter text. Cell Phone: Click here to enter text.

***ALTERNATE CONTACT INFO (Dates at this address*** Click here to enter text.***)***

**If same as “Primary Contact Info”, check here  and go to number (6).**

Address: Click here to enter text.

City, State, Zip: Click here to enter text.

Day Phone: Click here to enter text. Evening Phone: Click here to enter text

Fax: Click here to enter text Cell Phone: Click here to enter text.

1. **What is your Business Type (*Please check one below*):**

**⁭** Sole Proprietor

**⁭**  Partnership *(Print the names of each partner. If there are more than two partners, please attach a complete list of their names.)*(Name Click here to enter text.)

(Name Click here to enter text.)

⁭ Corporation: (State: Click here to enter text. Entity Number: Click here to enter text.)

⁭ Limited Liability Corporation: (State: Click here to enter text. Entity Number: Click here to enter text.)

⁭ Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)

⁭ Other (Specify)

Click here to enter text.

1. ­­­ **State Business License Number:** Click here to enter text. Expiration Date: Click here to enter text.
2. **Employer Identification Number (EIN)** Click here to enter text.
3. **Insurance and Vehicles**

Provide proof of insurance. The CUA operator must maintain General Liability insurance naming the United States of America, National Park Service as an **additional insured**. Minimum coverage amount is $500,000 per occurrence. Some activities will require increased coverage, see Park-Specific instructions. Auto Liability insurance is also required at a minimum coverage amounts described below.

|  |  |
| --- | --- |
| **Number of Passengers** | **Minimum per Occurrence Liability Limits** |
| Single Purpose Activities General Liability (includes day and overnight hiking, photography and art classes, bicycling, and group camping.) | $500,000 |
| Up to 5 passengers | $300,000 |
| 6 to 12 passengers | $500,000 |
| 13 to 20 passengers | $750,000 |
| Over 21 passengers | $1,500,000 |

Will your business operate vehicles (car, truck, van, bus, taxicab, boats, aircraft etc.) within NPS boundaries? ⁭Yes  No

If "yes,” please give a description of each vehicle. Use additional pages if necessary. All vehicles are required to be registered and the operators are required to have the licenses to operate them commercially as required by law or regulation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MAKE OF VEHICLE** | **MODEL** | **YEAR** | **MAX #**  **PASSENGERS** | **OWN** | **LEASE** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes/No | Yes/No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes/No | Yes/No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes/No | Yes/No |

1. **NPS Employment**

Are you, your spouse, or minor children employed with the National Park Service?

**⁭Yes  No  If Yes, please complete below:**

Employee: Click here to enter text.

Title: Click here to enter text.

Park and Office where employed: Click here to enter text.

1. **To your knowledge, have you, your company, or any current or proposed employees been convicted or fined for violations of State, Federal, or local law within the last 5 years? Are you, your company, or any current or proposed employees now under investigation for any violations of State, Federal, or local law or regulation? See instructions.**

**Yes** **⁭No  If "yes", please provide the following information. Attach additional pages if necessary.**

Date of violation or incident under investigation: Click here to enter text.

Name of business or person(s) charged: Click here to enter text.

Please identify the law or regulation violated or under investigation:

Click here to enter text.

Please identify the State, municipality, or Federal agency that initiated the charges:

Click here to enter text.

Additional Detail (optional): Click here to enter text.

(Results) Action Taken by Court: Click here to enter text.

1. **FEE:** Please include the Application/Administrative fee as outlined in the Park-Specific instructions.
2. **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. Authorized Agents must attach proof of authorization to sign below.

*By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Click here to enter text.

Printed Name

Click here to enter text.

Title

**PAPERWORK REDUCTION ACT STATEMENT**: In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (16 USC 5966). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your ability to offer the services requested and to notify the public what services you will offer. We estimate that it will take approximately 2.5 hours to prepare an application, including time to review instructions, gather and maintain data, and complete and review the proposal. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, National Park Service, 1849 C Street NW, Mail Stop 2601, Washington, D.C. 20240.

ATTACHMENT A & B

**Attachment A: List of Approved Activities:**

**1.** Instruction for Climbing Guide Certification.

**2.** Group led climbing with guide or leaders.

**3.** **Frontcountry Camping** - Group campsites are available at Sheep Pass, Indian Cove and Cottonwood with no more than 3 sites for each permittee holder per trip.  **Group site reservations** can be made through Recreation.gov or at 1-877-444-6777) up to five months in advance from the 5th day of each month. Permit Holders should camp at group campsites whenever sites are available. Sites reserved must be physically occupied for overnight staying. If you have reserved sites and unable to come, you need to release all sites reserved at the earliest time for cancel your reservation. Resale or auction of advance reservation is prohibited.

Permittees may also camp at Black Rock Canyon and Indian Cove family campsites by reservationwith groups not to exceed 12 people.Camping at Hidden Valley, Ryan, Belle and White Tank Campgrounds is limited to Sunday through Thursday nights. This excludes holidays and holiday weeks such as Easter break.

Permittees under the RSU program will need to provide the assigned permit number when making reservations with Recreation.gov. Reserved campsites must physically occupied for overnight staying. A copy of your permit should be with each group leader at all times while working in the Park.

Permit Holders are encouraged to use these group camps if you have more than 12 people in each of the group sites. Under 12 people, you may camp in two family sites.

**4.** **Backcountry Camping** - The field staff of the licensee is responsible for knowing all the backcountry regulations and the backcountry zones according to the Backcountry/Wilderness Management Plan (BWMP), adopted by the Superintendent’s Compendium of May 27, 2004. This also includes but is not limited to the day use boundaries, closed areas, fire regulations and the camping rules and regulations of the park.

All permittees utilizing the park grounds must provide the park with an itinerary not later than 7 days prior to arrival date. This should include where the group is going, what are the program activities, planned camp sites, cache sites (if applicable), total number of participants, duration in park, and group leader names. The itinerary may be emailed or faxed to the Office of Special Park Uses at:760.367.5586 (fax) OR li\_li\_mcgary@nps.gov

**5.** **Refuse and Supply Caches -** Permittees should not use the park trash dumpsters for their refuse. This includes boxes, crates and containers for their resupply. Individual waste is allowed to be deposited in park provided dumpsters.

Supply cache sites should not be visible to the general public. They should be well marked with the date and the permittee’s name. All supply caches should be retrieved within seven days of use.

**Attachment B: Insurance Policy Certificate and Permit Fee Payments:**

**(1). Certificate of Insurance Policy**

Applicants obtaining a RSU will be responsible for knowing and abiding by those items listed in the above. In addition, a requirement of Insurance Policy Certificate must be complied for the RSU Permit. On the Insurance Policy Certficate, it must be specifiying the additional named insured endorsement (RCL-99-13) as the following:

**United States of America**

**Joshua Tree Natioinal Park**

**74485 National Park Drive**

**Twentynine Palms, CA 92277-3597**

**(2). Fee Schedules and Payment:** Payment of all fees must be accompanied with the application packet.

|  |  |  |
| --- | --- | --- |
| **Fee Type** | **Due Date** | **Amount** |
| Application Fee | With application (non-refundable) | $120.00 |
| Administrative Cost | With application (non-refundable) | $195.00 |
| Monitoring Fee: | With application | $150.00 |

Fees must be paid at Pay.gov. Instructions for making payment to Pay.gov:

1. Go to: www.pay.gov

2. Type in JOTR in Search box.

3. Will bring up all JOTR related forms

4. Choose the Commercial Use Authorization form

5. In CUAID section, enter: your **access code**

6. Fill in required fields on form with the company information and hit submit

7. Fill in Credit Card information

8. On Step 2, Authorize Payment. Can you type in [li\_li\_mcgary@nps.gov](mailto:li_li_mcgary@nps.gov)in the CC box: so that I can get a confirmation of payment.

Additional Information:

The National Park Service has terms and conditions on all commercial service agreements. The following terms and conditions will apply to all Commercial Use Authorizations. There may be additional terms and conditions based on the services provided. These may include but are not limited to limits to locations, times, group size, and employee licenses and certifications.

**CONDITIONS OF THIS AUTHORIZATION**

1. The holder is prohibited from knowingly giving false information. To do so will be considered a breach of conditions and be grounds for revocation: [RE: 36 CFR 2.32(a)(3)].
2. The holder shall exercise this privilege subject to the supervision of the park area Superintendent. The holder shall comply with all applicable laws and regulations of the area and terms and conditions of the authorization. The holder must acquire all permits or licenses of State or local government, as applicable, necessary to provide the services described above, and, must operate in compliance with all applicable Federal, State, and local laws and regulations, including, without limitation, all applicable park area policies, procedures and regulations. The commercial services described above are to be provided to park area visitors at reasonable rates and under operating conditions satisfactory to the park area Superintendent.
3. This authorization is issued upon the express condition that the United States, its agents and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury, injuries, or death to any person or persons or property of any kind whatsoever, whether to the person or property of the (holder), its agents or employees, or third parties, from any cause or causes whatsoever while in or upon said premises or any part thereof during the term of this authorization or occasioned by any occupancy or use of said premises or any activity carried on by the (holder) in connection herewith, and the (holder) hereby covenants and agrees to indemnify, defend, save and hold harmless the United States, its agents, and employees from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same.
4. Holder agrees to carry general liability insurance against claims occasioned by the action or omissions of the holder, its agents and employees in carrying out activities and operations under this authorization. The policy shall be at least $1,000,000.00 and naming the United States of America as additional insured. Holder agrees to have on file with the park copies of the above insurance with the proper endorsements.
5. Costs incurred by the park as a result of accepting and processing the application and managing and monitoring the authorization activity will be reimbursed by the holder. Administrative costs and estimated costs for activities onsite must be paid when the authorization is approved. If any additional costs are incurred by the park, the holder will be billed at the conclusion of the authorization.
6. Benefit – Neither Members of, nor Delegates to Congress, or Resident Commissioners shall be admitted to any share or part of this authorization or derive, either directly or indirectly, any pecuniary benefit to arise therefrom: Provided, however, that nothing herein contained shall be construed to extend to any incorporated company, if the authorization be for the benefit of such corporation.
7. This authorization may not be transferred or assigned without the written consent of the park area Superintendent.
8. This authorization may be terminated upon breach of any of the conditions herein or at the discretion of the park area Superintendent.
9. The holder is not entitled to any preference to renewal of this authorization except to the extent otherwise expressly provided by law. This authorization is not exclusive and is not a concession contract.
10. The holder shall not construct any structures, fixtures or improvements in the park area. The holder shall not engage in any groundbreaking activities without the express, written approval of the park area Superintendent.
11. The holder is to provide the park area Superintendent upon request (and, in any event, immediately after expiration of this authorization) a statement of its gross receipts from its activities under this authorization and any other specific information related to the holder’s operations that the park area Superintendent may request, including but not limited to, visitor use statistics and resource impact assessments.
12. The holder is to maintain an accounting system under which its accounts can be readily identified within its system of accounts classification. This accounting system must be capable of providing the information required by this authorization. The holder grants the United States of America and the Government Accountabiity Office access to its books and records at any time for the purpose of determining compliance with the terms and conditions of this authorization.
13. Executive Order 13658 – Establishing a Minimum Wage for Contractors, and its implementing regulations, including the applicable contract clause, are incorporated by reference into this contract as if fully set forth in this contract. The applicable contract clause is available at <https://federalregister.gov/a/2014-23533>.

**SPECIAL PARK CONDITIONS FOR ROCK CLIMBING RSU & CUA**

1. **Special Stipulations for Guided Rock Climbing and Climbing Instruction Classes:** **Guides and climbing instructors must hold certifications appropriate for terrains to be guided or classes offered.** The permittee shall guarantee the competency of group leaders/guides to meet the minimum qualifications.
2. Instructors providing rock guide and climbing instructor training courses and certifications must be certified by an organization that is recognized by the International Federation Mountain Guide Association (IFMGA) or the equivalent.
3. Instructors providing rock guide and climbing instructor training courses and certifications must be certified at a level that represents having skills, knowledge, and experience that far exceeds that of the people they are training or certifying.
4. **Climbing Users Restrictions -** The Superintendent reserves the right to delay or cancel any trip, limit the operation of the permittee in a specific area or during a specific time period, close any camping area, trail, road, or climbing routes in the interest of preventing adverse environmental or sociological impact to the park resources, or visitor safety, to facilitate research projects, or respond to any unforeseen circumstances. If at all possible the permittee will be notified in advance of these actions. A group of 5 people or less can use any of the rock formations or areas. A group of 6 and more people will be prohibited from using these following rock formations on weekends, holidays, and holiday weeks:

(a) Quail Springs Picnic Area (Trashcan Rock)

(b) Feudal Wall (Indian Cove)

(c) Short Wall (Indian Cove)

(d) Pixie Rock (Indian Cove)

1. **Activity Locations -** under the National Environmental Policy Act (NEPA) requirements, applicant shall provide specific information on the application pertaining to activity locations that will be used by your institute. Operating outside of permitted locations will be evaluated by the park NEPA Team for potential natural or cultural resource impact. We will need you provide following information on your application: a list of detailed activities for each designated location (Ex What, Where, How?); number of people in each of the areas; estimated number of people you plan to the locations during the next 12 months:

Campgrounds -

Backcountry camping areas -

Climbing areas –

Hiking areas –

Cache areas-

1. **Caching Guidelines** - Caching in Joshua Tree National Park is discouraged whenever an alternative is available. Leaving property unattended for longer than 24 hours is prohibited by Code of Federal Regulations 36, Part 2. Caches can be vandalized and damaged by the environment and can be a visual impact to visitors. Caches can detract from the scenery, attract wildlife and create a nuisance to other park visitors. Special Park Uses Authorization Holders operating in the backcountry who wish to leave caches such as extra water, food, fuel and certain types of equipment necessary for the trip will do so at their own risk and must be authorized by their permit. Whenever possible, caches should be in parked vehicles at backcountry boards or delivered person to person at a predetermined location. When caches must be deposited in the backcountry, all permittees must utilize the following guidelines:

- The application for the Recurring Special Park Uses Authorization (RSU) must specify the need for caching

and the locations where caching will be requested.

- Caching permitted by the RSU must be secured so as not to be visible by other visitors to the park.

- Water containers must be without leaks. Leaking water containers can entice bees as well as other wildlife to the site.

- No caching should be done in any way in which any wildlife, burrows, dens, nests, plants, archaeology or historical features would be disturbed.

- No digging, moving of resources, piling of rocks or other artificial manipulations of resources is allowed for covering or hiding the cache.

- Caching will not be allowed near any water source, historical, cultural or archaeological site, nature trail, picnic grounds or any place where the public or wildlife is likely to gather.

- Caching if necessary and approved by the permit may be done in areas such as sandy washes out of view of other visitors, rock outcrops where there are no designated trails or climbing routes established; or by cache vehicles making drop-offs to a member of the permittee’s group.

- Caches may not be left in the field for more than 24 hours without prior authorization and must be clearly labeled including company name, date/time placed, and date/time of intended pickup. Labels must be adequately secured to the cache.

- Food must be placed in odor-proof and animal-proof containers.

- “Property determined to be left unattended in excess of a 24 hour period of time without being designated by permit may be impounded by the superintendent.” 36 CFR 2.22 Impounded properties may result in revocation of permit.

\*\* Supply cache sites should not be visible to the general public. They should be well marked with the date and the permittee’s name. All supply caches should be retrieved within seven days of use.

1. **Complete Application Packet Checklist**

Please include all items in your application packet:

\_\_\_\_ Complete Application (this form)

\_\_\_\_ Operating and Emergency Plan

\_\_\_\_ Promotional Literature/trip itinerary/fee rates (a website link will work)

\_\_\_\_ AMGA (or equivalent) Certifications for individuals training or certifying rock guides or climbing instructors (if applicable.)

\_\_\_\_ Current Certification for rock climbing terrains to be guided. Check/mark one or both:

**AMGA (or equivalent) Single Pitch: Yes** **⁭ No**

**AMGA (or equivalent) Multi Pitch: Yes** **⁭ No**

\_\_\_\_ Copies of group Leader Current CPR and First Aid Certificates

(a) Current Standard First Aid or higher certification

(b) Current Standard CPR or higher certification

(c ) WFR certification

Please do not send incomplete application packet (it may delay the release of permit).

**Application packages must be submitted to the following address at:**

Joshua Tree National Park

Attn. Office of Special Park Uses

74485 National Park Drive

Twentynine Palms, CA 92277

Contact Office of Special Park Uses at 760.367.5545 for sending application packet via email.

**Note: Annual Survey Report, Trip itineraries, and Monthly Use Reports should be sumitted on time as the conditions of the permit renewal.**

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