

APPLICATION FOR SPECIAL USE PERMIT FILMING, STILL PHOTOGRAPHY, AND AUDIO RECORDING (Long Form)



Lake Roosevelt National Recreation Area

1008 Crest Drive Coulee Dam, WA 99116 509-754-7807

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A non-refundable application fee of \$45.00 must accompany this application. 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 location fees, cost recovery charges, and proof of liability insurance naming the United States of America an additional insured. Applications may not be submitted more than one year before the proposed activity including time required for set up.

* Enter either a Social Security Number OR a tax ID number; we do not require both. **Company/Organization Information** Applicant Information Applicant Name: Company/Organization Name: Social Security Number*: Tax Identification Number*: Street Address: Street Address: City: City: State: State: Zip Code: Zip Code: Country: Country: Telephone Number: Telephone Number: Cell Phone Number: Contact Name: Fax Number: Fax Number: **Email Address: Email Address:** Project Information **Project Name Location Manager Telephone** Cell **Email Address** ☐ Still Photography ☐ Filming ☐ Audio Recording Type of Project Detailed Description of Onsite Activities (attach additional pages if needed)

Date	Location	Start Time	End Time	Interior / Exterior	Activity (e.g., Set-up, Breakdown)	# of Cast and Crew*
Talent Talent comp	or this column should include a contract of the came operators, volunteers, National Page 1	era and inclu	des, but is not	t limited to: m	odels, hosts, correspondents, pres	enters, park
Do you inte	end to use talent?			·	d. Attach additional pages if necess	ary).
Equipmer		orone (attach	additional pag	nes if necess	ary). Please note if any of the follo	wing will be
	eapons, animals, minors, nudity		additional pag	, 11 1100033	ary j. Trouse flote if arry of the follo	wing win be

Electrical Requirements
Description of electrical requirements (attach additional pages, if necessary).

Generators

Are you using generators?	Quantity (if using)	Size (if using)
☐ Yes ☐ No		

Lighting Requirements

Are you using lighting?		Description of lighting requirements (attach additional pages if necessary)
☐ Yes ☐ No	☐ Yes ☐ No	

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Road Hea

ROAU USE						
Will you require the use of roads?				Do you require road closures?		
☐ Yes (If yes, please explain below) ☐ No				☐ Yes (If yes, please explain below) ☐ No		
Road Use Schedu	ıle					
Starting Date	Ending Date	Starting Time	Endir	ng Time	Location	
		(include AM or PM)	(inclu	de AM or PM)		
Road Use Shots Driving Drive-by Towing Wet down roa Drive-ups and Other (please	d away					
Como e Ferrina						
Camera Equipme Camera / equip		check all that apply		Road shoulde Road median Other (explain	ı	
Types of equip	oment (check al	that apply)		Hand Dolly with trace Portable crane Tripod Arm footage Car mount Dolly Crane or jib a	e	

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Operational Information

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.

Involvement of Minors Yes (If yes, provide the information requested below) No Quantity of minors Age range	Number of cars, SUVs, or light pick-up trucks	Number of vehicles greater than 10,000 lbs (class 3 or higher)	Base camp location (attack diagrams)	Special activities (attach additional pages, if necessary)
Yes, aircraft will be used				
Livestock or Trained Animals Yes (If yes, provide the information requested below) No Type of livestock Quantity of livestock Manner of transportation Staging/coral requirements Aircraft NOTE: All aircraft use (including "drones" or Uncrewed Aircraft Systems) over park lands should be listed. Landings and take offs must be specifically requested and approved as a condition of your permit. Will aircraft be used? Yes, aircraft will be used (If yes, explain) No, aircraft won't be used Explanation of use Special Effects Including weapons, pyrotechnics, etc. Attach additional pages, if necessary. Description of special effects to be used Effects technician's name Technician phone Technician email	Yes (If yes, provide		below)	
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Technician phone Technician email	Description of spec		, <u>, , , , , , , , , , , , , , , , , , </u>	
Technician email	Effects technician's	name		
	Technician phone			
License # (if applicable)	Technician email			
	License # (if applica	ible)		
Permit # (if applicable)	Permit # (if applicab	ole)		

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	Yes, stunts will be used (If yes, explain) No, stunts won't be used	
Explanation of stunts		
Stunt coordinator's name		
Coordinator phone		
Coordinator email		
Other Hazardous Activities		
	Yes (If yes, explain) No	
Explanation of activities		
Activity Questions When answering "Yes" to any of the follo	owing questions, provide additional information using additional pag	ges, as necessary
Have you visited the requested area?		☐ Yes ☐ No
Do you have, or are you applying for, a	permit with another Federal, state or local agency for this activity?	☐ Yes ☐ No
Have you obtained a permit from the Na (If yes, provide a list of permit dates and		☐ Yes ☐ No
Have you ever been denied a permit or	had a permit revoked by a Federal agency?	☐ Yes ☐ No
Have you forfeited a bond or other secu	rity for on Federal lands?	☐ Yes ☐ No
Do you plan to advertise or issue a pres	s release before the event?	☐ Yes ☐ No
Is there any reason to believe there (If yes, please explain on a separate	will be attempts to disrupt, protest or prevent your event? page.)	☐ Yes ☐ No
NOTE: You are encouraged to attach	tions against you which involve a commercial filming activity additional pages with information useful in evaluating your perparking plan, security plans, sanitary facilities, crowd control, emerged site clean-up.	
	Yes (If yes, explain) No	
If yes, provide a full description (including contact information) of all other individuals / companies involved with this project. Attach additional pages, as necessary.		

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Contacts

Role	Name	Title	Telephone	Cell	Email address
Person on Location Responsible for Adherence to All Terms and Conditions of Permit					
Person on Location Responsible for Coordinating Activities With the NPS					
Company Point-of- contact for Follow-up Information and Billing					

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 false statements have been given.

Name		
Title		
Company Name		
Date		
Signature		

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NOTICES IMPORTANT NOTICE TO APPLICANT

This application does not serve as permission to conduct any special use activity in the park. The information provided will be used to evaluate whether a permit will be issued. All applicable parts of the form must be completed. Incomplete applications will not be evaluated. Send the completed application, along with the application fee in the form of an online payment: https://www.pay.gov/public/form/start/747409627 to laro_permits@nps.gov. The application must be signed and dated in order for the application to be considered complete.

Purposes The purposes of this application are (1) to provide a National Park Service (NPS) park superintendent with information to approve or deny requests for activities that provide a benefit to an individual, group, or organization, rather than the public at large; and (2) to help NPS staff manage the activity to ensure that the permitted activity does not interfere with the enjoyment of the park by visitors and that the natural and cultural resources of the park are protected.

Routine Uses: In addition to those disclosures generally permitted under Title 5 U.S.C. § 552(a)(b) of the Privacy Act, records or information contained in this system may be disclosed outside the NPS as a routine use pursuant to Title 5 U.S.C. § 552(a)(b)(3) to other Federal, State, territorial, local, tribal, or foreign agencies and other authorized organizations and individuals based on an authorized routine use when the disclosure is compatible with the purpose for which the records were compiled as described under the system of records notice for this system

Effects of Nondisclosure: Failure to provide the requested information may impede your ability to obtain a permit from the NPS. 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 denying you a Special Use Permit.

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

PAPERWORK REDUCTION ACT STATEMENT

We are collecting this information subject to the Paperwork Reduction Act (Title 44 U.S.C. § 3501) to provide the Park Superintendent information needed to evaluate whether a permit will be issued for the requested use. 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. The authority to collect information on the attached form is derived from Title 31 U.S.C. § 7701. Taxpayer identifying number, Title 54 U.S.C. § 100101, Promotion and regulation; Title 54 U.S.C. § 100751, Regulations; Title 54 U.S.C. § 103104, Recovery of costs associated with special use permits; and Title 54 U.S.C. § 100905 Commercial filming.

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, 13461 Sunrise Valley Drive Reston, Virginia 20192. Please do not send your application to this address.

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. All information collected using this form will be safeguarded in accordance with established regulations and published notices of System of Records, NPS

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): The collection of your SSN or TIN is necessary to allow the NPS to collect fees under Title 54 U.S.C.§ 103104 and Title 54 U.S.C. §100905. Your SSN or TIN will only be used as necessary to: (1) process this application, (2) collect any associated permit fees, and (3) collect and report any delinquent financial obligations. Failure to disclose your SSN or TIN when required may prevent or delay the processing of your application and issuing the associated permit. Use of your SSN or TIN will be carried out in accordance with established regulations and published notices of system of records, NPS-1

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INTERNAL AGENCY USE ONLY
Project Number/BILL:
Date Processed:
Date Flocessed.
Permit Number:
Prepared By:
Frepared by.
Organization Name: