



# United States Department of the Interior

NATIONAL PARK SERVICE  
Mojave National Preserve  
2701 Barstow Road  
Barstow, California 92311

## APPLICATION REQUIREMENTS for a COMMERCIAL FILMING/STILL PHOTOGRAPHY PERMIT

In response to your inquiry concerning Commercial Filming/Still Photography, enclosed is a long-form Application Worksheet for you to complete and return to us. It is important that the worksheet be as detailed as possible concerning your proposed activity. For example, we must know where you propose to stage your film/photography shoot, the size of crew including models or actors, what type of equipment (sets and/or props) you will use, *and* any special provisions you may have.

If you are not familiar with the area, it is advisable to make an advance-scouting trip for routes and/or locations. You will not be permitted to arrive and then select routes/locations on the day of the event. You will need to attach a copy of advertisements, flyers, brochures, and all information sent to participants.

The information on the worksheet will be utilized by National Park Service (NPS) staff to evaluate the impact of your activities on park resources and visitors, appropriate level of monitoring required, and any additional costs associated with your request. It may require several weeks to review your request and render a decision.

A non-refundable application fee of **\$111.00** is required from all applicants, regardless of whether or not the permit is issued. This payment must accompany the permit worksheet. Payment must be made to the **National Park Service**.

The NPS has the authority to recover any or all of the costs associated with commercial filming/still photography activities. These costs include:

Administrative processing – starting at **\$391.00**

Monitoring costs – minimum of two hours at **\$45.00/hour**

Location fees – to be determined based on type of activity, size of crew, and number of days

If your request is approved, a Certificate of Insurance will be required showing that you have general liability insurance coverage of \$1,000,000. This certificate must name the **United States of America** as "additional insured." Other coverage limits may be required based on the requested activity. If required, we will need an **original** certificate of insurance for our files. The permit holder's name must be on the Certificate of Insurance.

A performance bond may also be required. The amount of the bond will be determined from the information provided on the worksheet. It may be paid by bond or cashier's check. This bond will be returned to you upon completion of your activity if all stipulations have been met and park resources have not been damaged.

Please submit the enclosed Application Worksheet and your application fee (payable to the National Park Service) via to the address below. You may post, email or fax the worksheet to:

National Park Service  
Mojave National Preserve  
Attention: Special Use Permits  
2701 Barstow Road  
Barstow, CA 92311

tel: (760) 252-6107  
fax: (760) 252-6174  
email: [moja\\_sup@nps.gov](mailto:moja_sup@nps.gov)

Payment of the application fee must be received before an application can be processed. Contact Mojave National Preserve for more information.

NPS Form 10-931  
 OMB No. 1024-002  
 NEW 10/00  
 Expires 6/30/2013

**National Park Service**  
**Mojave National Preserve**  
**2701 Barstow Road**  
**Barstow, CA 92311**  
**(760) 252-6107**



**Application for Commercial Filming/Still Photography Permit**

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow **AT LEAST** four (4) business days for processing. A non-refundable processing fee should accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your permit. Your permit may require the payment of cost recovery charges, a location fee, and proof of liability insurance naming the United States of America as also insured.

Applicant:	Company:
Social Security #:	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
E-mail:	E-mail:

Project name:	Producer:
Location manager:	Photographer:
Telephone #:	Director:
Cell phone #:	Insurance company:
E-mail:	

**TYPE OF PROJECT:**

<input type="checkbox"/> Stills, editorial	<input type="checkbox"/> Stills, advertising	<input type="checkbox"/> Stills, other	<input type="checkbox"/> Stock photo/video/film
<input type="checkbox"/> Feature Film/TV Movie	<input type="checkbox"/> TV Series/Pilot	<input type="checkbox"/> Documentary/Travelogue	<input type="checkbox"/> Commercial
<input type="checkbox"/> Music Video	<input type="checkbox"/> Infomercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Public Service Announcement
<input type="checkbox"/> Other, explain:			

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Will there be sound recording?  Yes  No Night work:  No  Yes, explain

Detailed description of on-site activities \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Talent comprises anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, National Park Service and concessioner staff, etc.

**Do you intend to utilize talent?**                       Yes       No

If yes, provide a full description of who they are and how they will be utilized:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LOCATION SCHEDULE:**

DATE	LOCATION	Start Time	End Time	Interior or Exterior	Film Strike Prep	# of cast & crew*

**\*number in this column should include all individuals present at the location**

How will individuals with access to the site be identified? (Identification tags are recommended.)

\_\_\_\_\_  
 Electrical needs, explain

\_\_\_\_\_  
 Generator:    No    Yes, size \_\_\_\_\_    Lighting:   None   Reflectors only   Yes (explain)

Road Use: \_\_\_\_\_ Date/time: \_\_\_\_\_

Road closure requested?  No  Yes

Running shots   Driving shots   Drive-bys   Tow shots   Drive-ups & Away   Wet down road

Camera/Equipment on Road Shoulder   Camera/Equipment on median   Other (explain)

OPERATIONAL INFORMATION:

**Vehicles:**

Personal Cars   Large Trucks   Other Trucks   Vans   Motor homes  
\_\_\_\_\_

Semi-Tractor Trailers   Camera Car   Picture Cars   Dressing Rooms   Other Vehicles (explain)  
\_\_\_\_\_

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.

Vehicles to be parked on or need access to park property (attach additional sheets if necessary):

MAKE	MODEL	COLOR	STATE	LICENSE PLATE #

Base Camp location (attach diagram if necessary): \_\_\_\_\_

**CATERING INFORMATION:**

Catering Co. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

On-site Manager \_\_\_\_\_ Food License Information: \_\_\_\_\_

Equipment: \_\_\_\_\_

**SPECIAL ACTIVITIES:**

Children: None Yes, # of Children \_\_\_\_ Age Range \_\_\_\_\_

Animals: None Yes (explain) \_\_\_\_\_

Trainer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Aircraft: No Yes (explain) \_\_\_\_\_

Special Effects: (identify) \_\_\_\_\_

Effects Technician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

License # (if applicable) \_\_\_\_\_ Permit # (if applicable) \_\_\_\_\_

Stunts: (explain) \_\_\_\_\_

Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

Any other unusual or hazardous activities? Explain \_\_\_\_\_

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

Are you familiar with/ have you visited the requested area?	<input type="checkbox"/> Y	<input type="checkbox"/> N
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.)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you plan to advertise or issue a press release before the event?	<input type="checkbox"/> Y	<input type="checkbox"/> N

**ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR PERMIT**

**REQUEST INCLUDING:** set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site clean up. Include a proposed Site Plan(s).

**CONTACTS:**

**Person on location responsible for adherence to all terms & conditions of the permit:**

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

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

**Person on location responsible for coordinating activities with the NPS:**

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

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

**Person at the company office to contact for follow up information and billing:**

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

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

\*\*\*\*\*

I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_

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Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$111.00 made payable to **National Park Service**. Credit card payments may be accepted at some parks. Application and administrative charges are non-refundable. *This completed application should be mailed to Special Park Uses Coordinator at the Park address found on the first page of this application.*

**Note** that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

**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 or activities subject to collection of fees by the National Park Service (31 U.S.C. 7701) Information from the application may be transferred to appropriate Federal, State, local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

**Paperwork Reduction Act Statement):** This information is being collected subject to the Paperwork Reduction Act (44 U.S.C. 3501) to allow the park manager to make a value judgment on whether or not to allow the requested use. All applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information 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 National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 2024