

APPLICATION FOR SPECIAL USE PERMIT Still Photography (Long Form)



MOUNT RAINIER NATIONAL PARK 55210

238TH Avenue East Ashford, WA 98304 Em: MORA_SPECIAL_USE@NPS.GOV

Please supply the information requested below. Attach additional sheets, if necessary, to provide required information. A nonrefundable application fee of \$125.00 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 an additional insured.

* Enter either a Social Security Number OR a tax ID number; we do not require both.

Applicant Information	Company/Organization 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	

Project Name	
Location Manager	
Telephone	
Cell	
Email Address	
Type of Project	Still Photography

Detailed Description of Onsite Activities (attach additional pages if needed)

Location Schedule

Date	Location	Start Time	End Time	Interior / Exterior	Activity (e.g., Set-up, Breakdown)	# of Cast and Crew*

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

Talent

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

Do you intend to use talent?

Yes (If yes, write a full description below of who they are and how they'll be used. Attach additional pages if necessary).
No

Equipment

Description of equipment, backdrops, sets, props (attach additional pages, if necessary). Please note if any of the following will be included: weapons, animals, minors, nudity.

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	

Page 2 of 7 RECORDS RETENTION: Unapproved (3 years). Maintain Approved applications with related permit and associated records based on appropriate item(s) in NPS Records Schedule 1, Resources Management and Lands, (N1-79-08-1)

Road 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 Schedule

Starting Date	Ending Date	Starting Time (include AM or PM)	Ending Time (include AM or PM)	Location

Road Use Shots

Driving

Drive-by

Towing

Wet down road

Drive-ups and away

Other (please explain):

Camera Equipment

Camera / equipment location (check all that apply)	 Road shoulder Road median Other (explain):
Types of equipment (check all that apply)	 Hand Dolly with track footage Portable crane Tripod Arm footage Car mount Dolly Crane or jib arm Camera car, shot maker, or process trailer

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.

SUVs, or light	Number of vehicles greater than 10,000 lbs (class 3 or higher)	Base camp location (attach diagrams)	Special activities (attach additional pages, if necessary)

Involvement of Minors

Yes (If yes, provide the information requested below)

Quantity of minors	Age range				

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 over park lands should be listed. Landings 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	
License # (if applicable)	
Permit # (if applicable)	

Stunts

Will stunts be used?	 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

Any other unusual or hazardous activities?	☐ Yes (If yes, explain) ☐ No
Explanation of activities	

Activity Questions

Have you visited the requested area?	🗌 Yes 🗌 No
When answering "Yes" to any of the following questions, provide additional information using additional pag	les, as necessary
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 National Park Service in the past?	🗌 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 security for photography on Federal lands?	🗌 Yes 🗌 No
Do you plan to advertise or issue a press release before the event?	🗌 Yes 🗌 No
Do you anticipate any security concerns? If yes, explain on an attached sheet	🗌 Yes 🗌 No

NOTE: You are encouraged to attach additional pages with information useful in evaluating your permit request including: story boards or scripts, set construction, parking plan, security plans, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, use of any building and site clean-up.

Project Administration	
Are you applying for this permit on behalf of another person or company?	☐ 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.	

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			

NOTICES

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 to mora_special_use@nps.gov. Once your application is received by the Permit Coordinator, you will be issued a Permit Application Number and given instructions on paying the non-refundable \$125.00 application fee online. Application fees must be paid before the permit will be processed by the park.

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

Authority: The authority to collect information on the attached form is derived from 54 U.S.C. 100101.

Purpose: The purposes of the system are (1) to provide a 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 assist park staff to 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 5 U.S.C.552a(b) of the Privacy Act, records or information contained in this system may be disclosed outside the National Park Service as a routine use pursuant to 5 U.S.C. 552a(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.

Disclosure: Voluntary, however, failure to provide the requested information may impede individual from obtaining a permit from the National Park Service.

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. OMB has approved this collection of information and assigned Control No. 1024-0026.

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

INTERNAL AGENCY USE ONLY

Project Number/BILL:

Date Processed:

Permit Number:

Prepared By:

Organization Name: