



EXHIBIT G: MONTHLY REPORT COMMERCIAL USE AUTHORIZATION

OMB Control No. 1024-0268
Exp. Date: 08/31/2016

DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
North Cascades National Park
Attn: Tammra Sterling
360/854-7213
360/856-1934 (fax)

Due date: The 15th of each month for the previous month's activities

NOTE: This form is only to be used for monthly statistical reporting. A separate Annual Report is required for all CUAs.

1. Contact Information (as it appears on your permit)

Holder Name: _____ Contact Person (if different): _____

Business Name: _____ Email(business) _____

Mailing Address: _____

Email: (Contact Person) _____

Phone: _____

2. Services Provided (as stated in your permit):

VISITOR USE INFORMATION

3. How many clients did you serve within the park? _____

How many trips did your company make to the Park this month? _____

Enter the number of visitors who use your service in the format and detail required by the park. Use the table below to report total numbers for the appropriate month. Report guide visits separately. Depending on the service provided, the chart below can be altered to fit the information requirements of the park.

(see ReportingTable below for Monthly Reporting for Commercial Rafting Activities)

INJURY INFORMATION

4. Did you have any reportable injuries occur during your trips this month? Yes No

If yes, please use a separate sheet of paper to report the date and type of injury and a brief statement of the incident and the outcome of the patient care, please omit the patient's name. A reportable injury involves any medical incident or injury requiring medical aid beyond Basic First Aid and/or when a request for medical aid/rescue assistance is made. Provide details of any reportable injuries incurred to you, your employees, or clients. You do not need to send in a report if you have already done so.

SIGNATURE

5. **Signature of Business Owner or Authorized Agent:** False, fictitious or fraudulent statements of representations made in this report 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 report. 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

Printed Name

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 U.S.C. 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 offer. We estimate that it will take approximately 45 minutes to prepare a monthly report, including time to review instructions, gather and maintain data, and complete and review the report. We may 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.