



PADRE ISLAND NATIONAL SEASHORE Commercial Use Authorization Application



NAME: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ State Issued: _____

Company Name: _____

Mailing Address: _____

Street Address: _____

Business Phone: _____

Type of service you wish to provide (see Parkwide Authorized Services):

Locations: _____

I hereby certify, by my signature hereof, that I consent and agree to a background check conducted by the National Park Service.

Signature:

Date:

