



**APPLICATION FOR SPECIAL USE PERMIT
COMMERCIAL FILMING / STILL PHOTOGRAPHY (Short Form)**



Pipe Spring National Monument
zion_commercialservices@nps.gov
(435) 772-0210

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of **\$150.00** must accompany this application unless the requested use is an exercise of a First Amendment right. Payments must be submitted electronically through pay.gov by visiting: <https://pay.gov/public/form/start/77183133>. You must allow sufficient time for the park to process your request (at least three weeks). 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 as additional insured.

* Enter either a social security number OR a tax ID number; we do not require both.

| Applicant Name | | | | Company/Organization Name | | | |
|---|----------|------------|----------|----------------------------|---|-------------------------|---------|
| Social Security Number* | | | | Tax Identification Number* | | | |
| Street Address | | | | Street Address | | | |
| City | State | Zip Code | Country | City | State | Zip Code | Country |
| Telephone Number | | | | Contact Name | | | |
| Cell Phone Number | | | | Telephone Number | | | |
| Fax Number | | | | Fax Number | | | |
| Email Address | | | | Email Address | | | |
| PROJECT INFORMATION | | | | | | | |
| Project Name | | | | Telephone Number | | Cell Phone Number | |
| Location Manager | | | | Email Address | | | |
| Type of Project <input type="checkbox"/> Video/Motion Picture/Movie <input type="checkbox"/> Still Photography | | | | | | | |
| Detailed Description of Onsite Activities (attach additional pages, if necessary) | | | | | | | |
| LOCATION SCHEDULE | | | | | | | |
| Date | Location | Start Time | End time | Interior/ Exterior | Activity: Set-Up/Film/ Non-Filming/Breakdown | Number of Cast/Crew* | |
| | | | | | | | |
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| | | | | | | | |

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

| 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. | | |
| NUMBER OF VEHICLES | | |
| Cars, SUVs, or light pick-up trucks | Vehicles greater than a 10,000 lbs. (class 3 or higher) | |
| Have you physically visited the requested area? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| CONTACTS | | |
| Person on location responsible for adherence to all terms & conditions of the permit | | |
| Name | Title | |
| Telephone Number | Cell Phone Number | |
| When answering "Yes" to any of the following questions, provide additional information using additional pages, as necessary | | |
| Do you have, or are you applying for, a permit with another Federal, State or local agency for this activity? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you had previous permits from the National Park Service? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever been denied a permit or had a permit revoked by a Federal agency? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you forfeited a bond or other security for filming on Federal lands? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are there any pending Federal investigations against you which involve a commercial filming activity? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you plan to advertise or issue a press release before the event? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you anticipate any security concerns? If yes, explain (attach additional sheet). | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 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. | | |
| Printed Name | Title | Company Name |
| Signature | | Date |

IMPORTANT NOTICE TO APPLICANT

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 zion_commercialservices@nps.gov. Payments must be submitted electronically through pay.gov by visiting: <https://pay.gov/public/form/start/77183133>. 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.

INTERNAL AGENCY USE ONLY

| | |
|----------------------------|-----------------------|
| Project Number/BILL | Date Processed |
| Permit Number | Prepared By |
| Organization Name | |

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.

Authority: The authority to collect information on the attached form is derived from Title 31, United States Code, Section 7701.

Purposes and Uses: The information being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Effects of Nondisclosure: It is in your best interest to answer all of the questions. 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 not granting you a Special Use Permit

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 (31 U.S.C. 7701). Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting and verifying your SSN is Executive Order 9397. The information gathered through the use of the SSN will be used only as necessary for processing this application and 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.

Estimated Burden Statement

Public reporting burden for this form is estimated to average 15 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, Mail Stop 242, Reston, VA 20192.