

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



Pullman National Historical Park

11001 S. Cottage Grove Avenue Chicago, IL 60628 773-928-7257

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$50.00 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	
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	
Location Manager	
Telephone	
Cell	
Email Address	
Type of Project Still Photography	Video/Motion Picture/Movie
Detailed Description of Onsite Activities (attach additional pages if peeded)
Detailed Description of Onsite Activities (attach additional pages if needed)

Location Schedule

Doto	Lloostion	Ctout		Intonion /	Activity (c. c. Cot	# of Cook
Date	Location	Start Time	End Time	Interior / Exterior	Activity (e.g., Set-up, Breakdown)	# of Cast and Crew*
					,	
*	this solvens about disply do	II in dividue le		the leastion		
	this column should include a	ii inaiviauais	s present at t	ne location		
visitors, coo	perators, volunteers, National Parend to use talent?	ark Service aı	nd concessior	ner staff, etc.	odels, hosts, correspondents, prese	·
Equipmen	+					
Description			additional pag	ges, if necessa	ary). Please note if any of the follow	wing will be
	Requirements of electrical requirements (attack	n additional pa	ages, if neces	sary).		
Generators	·					
Are you u	sing generators?	Quantity (if using)		Size (if using)	
Yes						
☐ No						
Lightina Re	equirements				,	
	sing lighting? Reflectors	only?	Descrir	otion of ligh	ting requirements (attach add	litional

Are you using lighting?		Description of lighting requirements (attach additional pages if necessary)
☐ Yes ☐ No	☐ Yes ☐ No	

Road Use

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 Schedu	ıle					
Starting Date	Ending Date	Starting Time (include AM or PM)	Endin	g Time de AM or PM)	Location	
		(include AW of FW)	(IIICIUC	de AM OI FIM)		
Road Use Shots Driving Drive-by Towing Wet down roa Drive-ups and Other (please Camera Equipment	l away explain): nt	check all that apply		Road shoulde Road median Other (explain	ı	
Types of equip	ment (check all	that apply)		Hand Dolly with trace Portable cran Tripod Arm footage Car mount Dolly Crane or jib a Camera car,	ne	

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.

Number of cars, SUVs, or light pick-up trucks	Number of vehicles greater than 10,000 lb (class 3 or higher)	Base camp location (att s diagrams)	sach Special activities (attach additional pages, if necessary)
Involvement of Minor ☐ Yes (If yes, provide ☐ No	rs the information requeste	ed below)	
Quantity of minors	Age range		
□ No	the information requeste	,	
Type of livestock	Quantity of livestock	Manner of transportation	Staging/coral requirements
Aircraft NOTE: All aircraft use ov permit.	er park lands should be liste	ed. Landings must be specifically	requested and approved as a condition of your
Will aircraft be used		t will be used (If yes, explain) won't be used	
Explanation of use			
Special Effects Including weapons, pyrol Description of spec effects to be used	technics, etc. Attach addition	nal pages, if necessary.	
Effects technician's	name		
Technician phone			
Technician email			
License # (if applica	able)		
Permit # (if applicab	ole)		

necessary.

		11/30
Stunts	1-1-1	
Will stunts be used?	, explain)	
Explanation of stunts		
Stunt coordinator's name		
Coordinator phone		
Coordinator email		
Other Hazardous Activities		
Any other unusual or		
Explanation of activities		
Activity Questions		□ Vaa □ Na
Have you visited the requested area? When answering "Yes" to any of the following questions, provide additiona	ul information using additional na	Yes No
	-	
Oo 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
Are there any pending Federal investigation against you which involve a co	ommercial filming activity?	☐ Yes ☐ No
lave you forfeited a bond or other security for photography on Federal lar	ids?	☐ Yes ☐ No
Oo you plan to advertise or issue a press release before the event?		☐ Yes ☐ No
Oo you anticipate any security concerns? If yes, explain on an attached sh	eet	☐ Yes ☐ No
NOTE: You are encouraged to attach additional pages with informati story boards or scripts, set construction, parking plan, security plans, sanifactivity, 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		

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 along with the application fee in the form of a money order or personal check made payable to the <u>National Park Service</u> to Pullman National Historical Park at the park address found on the first page of this application.

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

INT	TERNAL AGENCY USE ONLY
Project Number/BILL:	
Date Processed:	
Permit Number:	
Prepared By:	
Organization Name:	