



# MONTHLY REPORT COMMERCIAL USE AUTHORIZATION

## INSTRUCTIONS

These instructions correspond to the numbered questions in Form 10-660.

1. Enter your contact information as it appears on your permit.
2. Enter the service you provide as it appears on your permit.
3. Enter the number of visitors who use your service. Enter the number of trips your company made to the park; i.e., a two person backpack trip for 3 days is ONE TRIP. Note: if you submit monthly reports, we only require you to add the monthly reports together.
4. Enter the average number of hours or days a customer spends in the park on one of your trips.
5. Check the box that best describes the level of importance the park plays in this CUA.
6. Enter the percentage of your activity that takes place in the park.

Example: If you raft through the park and 8 of 10 miles are inside the park, then 80% of the activity takes place in the park. OR If you spend 4 hours on a hike and the last hour is hiking outside the park then you spend 75% of the activity in the park.

7. Enter your total gross receipts for this business year.
8. Enter the dollar amount of your gross receipts that is the portion of your total gross receipts that you earned as a result of visiting the park.

If the park is the exclusive destination for your activity, then 100% of your gross receipts are a result of your visiting the park. If it is a primary or incidental destination, then estimate what percentage is a result of visiting the park. As a general rule, this should not be less than the answer to #6.

9. Provide details of any reportable injuries incurred to you, your employees, or clients this year.
10. Signature of business owner or authorized agent.

**DEPARTMENT OF THE INTERIOR NATIONAL  
PARK SERVICE  
ST CROIX NATIONAL SCENIC RIVERWAY  
Kevin Iverson, CUA Coordinator  
715-483-2241**

**Due by 15th of each month of operation for the prior calendar month**

**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 attached Sample Tables for Monthly Reporting)**

## 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.*

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Signature Date

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Printed Name

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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 (54 U.S.C. 101925). 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 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.