



APPLICATION FOR SPECIAL USE PERMIT
Commercial Filming/Photography
(Long Form)



SAGUARO NATIONAL PARK
3693 South Old Spanish Trail
Tucson, AZ 85730
(520) 733-5121

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$100 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 ID number; we do not require both.**

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	<input type="checkbox"/> Still Photography

Detailed Description of Onsite Activities (attach additional pages if needed)

Location Schedule

Date	Location	Start Time	End Time	Interior / Exterior	Activity (e.g., Set-up, Breakdown)	# of Cast and Crew*

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

Talent
Talent comprises anyone in front of the camera and includes, but is not limited to: models, hosts, correspondents, presenters, park visitors, cooperators, volunteers, National Park Service and concessioner staff, etc.

Do you intend to use talent?
 Yes (If yes, write a full description below of who they are and how they'll be used. Attach additional pages if necessary).
 No

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.

Electrical Requirements
Description of electrical requirements (attach additional pages, if necessary).

Generators

Are you using generators?	Quantity (if using)	Size (if using)
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Lighting Requirements

Are you using lighting?	Reflectors only?	Description of lighting requirements (attach additional pages if necessary)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Road Use

Will you require the use of roads?	Do you require road closures?
<input type="checkbox"/> Yes (If yes, please explain below) <input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, please explain below) <input type="checkbox"/> No

Road Use Schedule

Starting Date	Ending Date	Starting Time (include AM or PM)	Ending Time (include AM or PM)	Location

Road Use Shots

- Driving
- Drive-by
- Towing
- Wet down road
- Drive-ups and away
- Other (please explain):

Camera Equipment

Camera / equipment location (check all that apply)	<input type="checkbox"/> Road shoulder <input type="checkbox"/> Road median <input type="checkbox"/> Other (explain):
Types of equipment (check all that apply)	<input type="checkbox"/> Hand <input type="checkbox"/> Dolly with track footage <input type="checkbox"/> Portable crane <input type="checkbox"/> Tripod <input type="checkbox"/> Arm footage <input type="checkbox"/> Car mount <input type="checkbox"/> Dolly <input type="checkbox"/> Crane or jib arm <input type="checkbox"/> Camera car, shot maker, or process trailer

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 lbs (class 3 or higher)	Base camp location (attach diagrams)	Special activities (attach additional pages, if necessary)

Involvement of Minors

- Yes (If yes, provide the information requested below)
 No

Quantity of minors	Age range

Livestock or Trained Animals

- Yes (If yes, provide the information requested below)
 No

Type of livestock	Quantity of livestock	Manner of transportation	Staging/coral requirements

Aircraft

NOTE: All aircraft use over park lands should be listed. Landings must be specifically requested and approved as a condition of your permit.

Will aircraft be used?	<input type="checkbox"/> Yes, aircraft will be used (If yes, explain) <input type="checkbox"/> No, aircraft won't be used
Explanation of use	

Special Effects

Including weapons, pyrotechnics, etc. Attach additional pages, if necessary.

Description of special effects to be used	
Effects technician's name	
Technician phone	
Technician email	
License # (if applicable)	
Permit # (if applicable)	

Stunts

Will stunts be used?	<input type="checkbox"/> Yes, stunts will be used (If yes, explain) <input type="checkbox"/> No, stunts won't be used
Explanation of stunts	
Stunt coordinator's name	
Coordinator phone	
Coordinator email	

Other Hazardous Activities

Any other unusual or hazardous activities?	<input type="checkbox"/> Yes (If yes, explain) <input type="checkbox"/> No
Explanation of activities	

Activity Questions

Have you visited the requested area? Yes No

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? 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

Have you forfeited a bond or other security for photography on Federal lands? Yes No

Do you plan to advertise or issue a press release before the event? Yes No

Do you anticipate any security concerns? If yes, explain on an attached sheet Yes No

NOTE: You are encouraged to attach additional pages with information useful in evaluating your permit request including: story boards or scripts, set construction, parking plan, security plans, sanitary facilities, crowd control, emergency medical plan, off-road activity, 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?	<input type="checkbox"/> Yes (If yes, explain) <input type="checkbox"/> No
If yes, provide a full description (including contact information) of all other individuals / companies involved with this project. Attach additional pages, as necessary.	

Contacts

Role	Name	Title	Telephone	Cell	Email address
<i>Person on Location Responsible for Adherence to All Terms and Conditions of Permit</i>					
<i>Person on Location Responsible for Coordinating Activities With the NPS</i>					
<i>Company Point-of-contact for Follow-up Information and Billing</i>					

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 cashier's check, money order, credit card, or personal check made payable to the **National Park Service** to Saguaro National 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.

Credit Card Authorization

All credit card information is protected under the Privacy Act of 1974

Applicant Name		Cardholder Name (as it appears on card) <input type="checkbox"/> Same as "Applicant"		
Company Name (if applicable)		Telephone Number	Cell Phone Number	
Email Address		Federal Taxpayer Identification or Social Security Number		
Credit Card Billing Address				
City		State	Zip Code	Country
Amount to be Billed to Card				
Application Cost \$		Location Fee \$	Cost Recovery \$	Total \$
Type of Credit Card		Credit Card Number	Expiration Date	Security Code
<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa				
I hereby authorize my card to be charged the amount indicated above in connection with the issuance of the requested Special Use Permit:				
Cardholder Authorized Signature			Date	

INTERNAL AGENCY USE ONLY

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