National Park Service
San Juan National Historic Site
Calle Norzagaray 501
San Juan, PR 00901

Application for Special Use Permit - Vehicle/Watercraft Use

Type of Permit:

☐ Off-Road Vehicle ☐ Commercial Vehicle Access ☐ Snowmobile Vehicle Parking ☐ Watercraft

Complete the following:

Applicant's Name_____
last first m.i. suffix

Driver's License number _____ State_____ Expiration date _____

Applicant/Company Address: _____
street/p.o. box/city/zip code

Social Security Number or Business Tax ID number: _____

Telephone: ( ) _____ Cell: ( ) _____

Additional Drivers (limit of **X**, attach an additional sheet if needed):

Name: _____Driver's License number/State _____ exp. date _____

Name: _____Driver's License number/State _____ exp. date _____

Name: _____Driver's License number/State _____ exp. date _____

Emergency Contact's Name_____ Telephone Number _____

Vehicle Information:

Type of Vehicle:

☐ Car/pass. ☐ Van/lt. truck ☐ Utl. Van/Truck ☐ Bus ☐ RV/Camper/Trailer ☐ Snowmobile ATV/UVT ☐ 18-Wheeler Oversize Load ☐ Boat

VIN/ID Number _____

License Plate/Registration number _____ State _____ Expiration Date _____

Year: _____ Make: _____ Model _____Color_____

Weight_____ Length _____Height_____ Number of Axles_____

Maximum Number of Passengers:_____ 4-wheel drive vehicle Y N (circle)

Watercraft motor(s) (circle one) inboard out-board number of motors_____ horsepower (each) _____

Vehicle Inspection Information:

Is your vehicle required to undergo State inspections? Yes / No Expiration date:_____

Insurance Information: **Complete the following and attach copy of valid insurance card.**

Company _____ Policy number _____

Requested duration of permit: 7 day ☐ Annual ☐ Day Use ☐ Overnight ☐ Other _____

Requested start date of permit: _____

Requested use area or route: _____

If applicable, select your business, and provide the following information:

Contractor ☐ Sanitation/Refuse ☐ Plumbing/Heating ☐ Electrical ☐ Public Utility ☐ Municipal ☐
Delivery ☐ Transportation (bus, taxi, etc.) ☐ Other (specify) _____
Business Name (if applicable) _____

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.

Signature: _____ Print Name: _____ Date: _____

Note: this is an application only, and does not serve as permission to conduct 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 $50.00 application fee in the form of a cashier's check or money order made payable to **National Park Service**, **ATTN: Special Park Use Coordinator** at the Park address found on the first page of this application.

NOTICES- Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. 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). Information from the application may be transferred to appropriate Federal, State, local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

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,1849 C Street, NW (1237), Washington, D.C. 20240.

Title 18 U.S.C. Section 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any mater within its jurisdiction.