



APPLICATION FORM COMMERCIAL USE AUTHORIZATION

DEPARTMENT OF THE INTERIOR

National Park Service

Alaska Region

Attention: Concession Operations

240 West 5th Avenue #114

Anchorage, AK 99501

Phone: (907) 644-3364 Fax: (907) 644-3813

Office Use:

Received: _____

CUA/SUP# _____ Amt Rec'd: _____

Pay.Gov# _____ Check # _____

Prev Yr Reports? Yes ___ No ___ N/A ___

IMPORTANT: Before completing this application, please refer to the *Application Instructions* to verify that the service you are proposing is an approved commercial service. If the service you wish to provide is **not** listed on the table of approved commercial visitor services, contact us at the number above. Please submit your application fee of \$ (*Application Instruction Fee Schedule*) with this application.

Some parks have minimum requirements for businesses that offer services to visitors relating to the safety and welfare of the visitors and protection of the resources. These requirements may include documentation of first aid training, an emergency response plan, limits to group size, etc.

(1) **What park(s) are you applying for?** Will you be providing service in more than one park?

Yes ___ No ___ If yes, list all below.

(2) **What service(s) are you applying for?** (For a list of approved commercial services, refer to the *Application Instructions*)

(3) **Applicant** (Legal Business Name and Doing Business As):

(4) **Authorized Agents** (Owner and any onsite person authorized to manage the operation):

(5) **Mailing Address:**

PRIMARY CONTACT INFO (Dates at this address: _____)

Address: _____

City, State, Zip: _____

Website: _____

Email: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Fax: _____

ALTERNATE CONTACT INFO (Dates at this address: _____)

If same as “Primary Contact Info”, check here and go to number (6).

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Fax: _____

(6) **Identify your Business Type** (Please check one below):

Sole Proprietor

Partnership (Print the names of each partner. If there are more than two partners, please attach a complete list of their names.)

(Name _____)

(Name _____)

Corporation: (State: _____ Entity Number _____)

Limited Liability Corporation: (State: _____ Entity Number _____)

Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)

Other (Specify)

(7) **State Business License Number:** _____ **Expiration Date:** _____

(8) **Employer Identification Number (EIN)** _____

(9) **Insurance and Vehicles**

Provide proof of insurance. The CUA operator must maintain General Liability insurance naming the United States of America, National Park Service as an additional insured, see *Application Instructions*. If a CUA holder transports passengers or uses a vehicle in the performance of the service in the park, they are required to have Automobile Liability insurance. The auto liability insurance must include coverage of “owned, leased, rented or hired” vehicles if the CUA holder rents or leases vehicles. The minimum commercial auto liability insurance for passenger transport is reflected in the following table:

Commercial Vehicle Insurance – Passenger Transport	
Up to 12 passengers	\$500,000
13 – 20 passengers	\$750,000
More than 20 passengers	\$1,500,000

Will your business operate vehicles (car, truck, van, bus, taxi, boat, aircraft etc.) within NPS boundaries? Yes No If "yes," please give a description of each vehicle. Use additional paper if necessary. All vehicles are required to be registered and the operators are required to have the licenses to operate them commercially as required by law or regulation.

MAKE OF VEHICLE	MODEL	YEAR	LICENSE PLATE #	MAX # PASSENGERS	OWN	LEASE

MAKE OF AIRCRAFT	MODEL	TAIL NUMBER	MAX # PASSENGERS	OWN	LEASE

MAKE OF WATERCRAFT	MODEL	LENGTH	MAX # PASSENGERS	OWN	LEASE

(10) NPS Employment

Are you, your spouse or minor children employed with the National Park Service?

Yes No If Yes, please complete below:

Employee: _____

Title _____

Park and Office where employed: _____

(11) To your knowledge, have you, your company, or any current or proposed employees been convicted or fined for violations of State, Federal, or local law within the last 5 years? Are you, your company, or any current or proposed employees now under investigation for any violations of State, Federal, or local law or regulation?

Yes No If "yes", please provide the following information. Attach additional pages if necessary.

Date of violation or incident under investigation: _____

Name of business or person(s) charged: _____

Please identify the law or regulation violated or under investigation:

Please identify the State, municipality, or Federal agency that initiated the charges:

Additional Detail _____

(Results) Action Taken by Court _____

(12) **FEE:** Please include the Application and Management Fees as outlined in the *Application Instructions*.

(13) **Signature:** False, fictitious or fraudulent statements of representations made in this application 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 application. 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.

Signature

Date

Printed Name

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 will offer. We estimate that it will take approximately 2.5 hours to prepare an application, including time to review instructions, gather and maintain data, and complete and review the proposal. 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.

Name of Park Unit: _____

* When specifying locations, do not give the park's name as a response, provide specific locations.

Services: List the services you (the Applicant) wish to provide within this park unit.

Locations: Specify the locations where you wish to provide services within this park unit.

1		1	
2		2	
3		3	
4		4	
5		5	
6		6	

(1) What is the number of Guides/Leaders per trip for this park unit?

(2) What is the number of clients/participants per trip for this park unit?

(3) What is the estimated date you want to begin operating in this park unit?

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