

# APPLICATION FOR SPECIAL USE PERMIT FILMING, STILL PHOTOGRAPHY, AND AUDIO RECORDING (Long Form)



Zion National Park State Route 9 Springdale, UT. 84767 zion\_commercialservices@nps.gov (435) 772-0210

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A non-refundable application fee of \$150.00 must accompany this application. You must allow 21 days for the park to process your request. Payments must be submitted electronically through pay.gov by visiting: <a href="https://pay.gov/public/form/start/77183133">https://pay.gov/public/form/start/77183133</a> 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 location fees, cost recovery charges, and proof of liability insurance naming the United States of America an additional insured. Applications may not be submitted more than one year before the proposed activity including time required for set up.

\* 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** ☐ Still Photography ☐ Filming ☐ Audio Recording Type of Project 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 a	ll individuals	present at t	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
<b>Equipment</b> 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.
Description of electrical requirements (attach additional pages, if necessary).

## Generators

Are you using generators?	Quantity (if using)	Size (if using)
☐ Yes ☐ No		

## **Lighting Requirements**

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

Arm footage Car mount Dolly

Crane or jib arm

☐ 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 (attacl diagrams)	h Special activities (attach additional pages, if necessary)
Involvement of Mino ☐ Yes (If yes, provide ☐ No	<b>rs</b> e the information requested	below)	
Quantity of minors	Age range		
□ No `	e the information requested	,	
Type of livestock	Quantity of livestock	Manner of transportation St	taging/coral requirements
	ncluding "drones" or Uncrewed and approved as a condition		should be listed. Landings and take offs must
Will aircraft be used	d? ☐ Yes, aircraft ☐ No, aircraft w	will be used (If yes, explain) yon't be used	
Explanation of use			
Special Effects Including weapons, pyro Description of spec effects to be used	technics, etc. Attach additiona ial	I pages, if necessary.	
Effects technician's	s name		
Technician phone			
Technician email			
License # (if applica	able)		
Permit # (if applical	ole)		

Will stunts be used?	☐ Yes, stunts will be used (If yes, explain)☐ No, stunts won't be used
Explanation of stunts	
Stunt coordinator's name	
Coordinator phone	
Coordinator email	

Stunt coordinator's name	
Coordinator phone	
Coordinator email	
Other Hazardous Activities	
Any other unusual or Hazardous activities?  Yes (If yes, explain)  No	
Explanation of activities	
Activity Questions Activity Questions When answering "Yes" to any of the following questions, provide additional information using additional page	ges, as necessary
Have you visited the requested area?	☐ Yes ☐ No
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? (If yes, provide a list of permit dates and locations on a separate page.)	☐ 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 on Federal lands?	☐ Yes ☐ No
Do you plan to advertise or issue a press release before the event?	☐ Yes ☐ No
Is there any reason to believe there will be attempts to disrupt, protest or prevent your event? (If yes, please explain on a separate page.)	☐ Yes ☐ No
Are there any pending Federal Investigations against you which involve a commercial filming activity	☐ 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?	☐ Yes (If yes, explain) ☐ No
If yes, provide a full description (including contact information) of all other individuals / companies involved with this project. Attach	

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additional pages, as	
necessary.	

### **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	
T:41a	
Title	
Company Name	
Company Name	
Date	
Date	
Signature	
Signature	

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#### OMB Control No. 1024-0026 Expiration Date 07/31/2027

#### **NOTICES**

#### IMPORTANT NOTICE TO APPLICANT

This application does not serve as permission to conduct any special use activity in the park. The information provided will be used to evaluate whether a permit will be issued. All applicable parts of the form must be completed. Incomplete applications will not be evaluated. Send the completed application to zion\_commercialservices@nps.gov. Payment of \$150.00 must be submitted electronically through pay.gov by visiting: <a href="https://pay.gov/public/form/start/77183133">https://pay.gov/public/form/start/77183133</a>. If your request is approved, a permit containing applicable terms and conditions will be sent you. The permit must be signed and dated by the responsible person in order for the application to be considered complete and returned to the park for final approval by the Park Superintendent before the permitted activity may begin.

**Purposes** The purposes of this application are (1) to provide a National Park Service (NPS) 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 help NPS staff 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 Title 5 U.S.C. § 552(a)(b) of the Privacy Act, records or information contained in this system may be disclosed outside the NPS as a routine use pursuant to Title 5 U.S.C. § 552(a)(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

**Effects of Nondisclosure:** Failure to provide the requested information may impede your ability to obtain a permit from the NPS. The U.S. Criminal Code, Title 18 U.S.C. § 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 or 5 years in prison, or both. Deliberately and materially making false or fraudulent statements on this form will be grounds for denying you a Special Use Permit.

If your request is approved, a permit containing applicable terms and conditions will be sent to 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.

#### PAPERWORK REDUCTION ACT STATEMENT

We are collecting this information subject to the Paperwork Reduction Act (Title 44 U.S.C. § 3501) to provide the Park Superintendent information needed to evaluate whether a permit will be issued for the requested use. 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. The authority to collect information on the attached form is derived from Title 31 U.S.C. § 7701. Taxpayer identifying number, Title 54 U.S.C. § 100101, Promotion and regulation; Title 54 U.S.C. § 100751, Regulations; Title 54 U.S.C. § 103104, Recovery of costs associated with special use permits; and Title 54 U.S.C. § 100905 Commercial filming.

#### **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, 13461 Sunrise Valley Drive Reston, Virginia 20192. Please do not send your application to this address.

#### **PRIVACY ACT STATEMENT**

**General:** This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 21, 1984, for individuals completing this application. All information collected using this form will be safeguarded in accordance with established regulations and published notices of System of Records. NPS

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): The collection of your SSN or TIN is necessary to allow the NPS to collect fees under Title 54 U.S.C.§ 103104 and Title 54 U.S.C.§100905. Your SSN or TIN will only be used as necessary to: (1) process this application, (2) collect any associated permit fees, and (3) collect and report any delinquent financial obligations. Failure to disclose your SSN or TIN when required may prevent or delay the processing of your application and issuing the associated permit. Use of your SSN or TIN will be carried out in accordance with established regulations and published notices of system of records, NPS-1

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