(NPS Form 10-932) (OMB No. 1024-0026) (NEW 10/00) (Expires 3/31/2010) National Park Service Olympic National Park 600 East Park Avenue Port Angeles, WA 98362 (360) 565-3090



Application for Commercial Filming/Still Photography Permit

Please supply the information requested below. Attach additional sheets, if necessary, to provide required information. Allow AT LEAST four (4) business days for processing. A non-refundable processing fee should accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges, a location fee, and proof of liability insurance naming the United States as also insured.

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Applicant:	Company:
Social Security #:	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
E-mail:	E-mail:
Project name:	Producer:
Location manager:	Photographer:
Telephone #:	Director:
Cell phone #:	Insurance company:
E-mail:	
	ertising stills, other stock photo/video/film umentary/Travelogue Commercial Service Announcement Night work: No Yes, explain
Detailed description of on-site activities	

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

Do you intend to utilize talent? Yes No

If yes, provide a full description of who they are and how they will be utilized:

LOCATION SCHEDULE:

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM STRIKE PREP	# of cast & crew*

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

How will individuals with access to the site be identified? (Identification tags are recommended.)

Electrical needs, expl	Generat	or: No	Yes, size		
Lighting: None	Reflectors only	Yes (explain)			
Road Use:			Date/time:		
Closure requested					
Running shots	Driving shots Driv	e-bys Tow shots	Drive-u	ıps & Away	Wet down road
Camera/Equipmen	t on Road Shoulder	Camera/Equipment	t on median	Other (ex	xplain)
OPERATIONAL IN	FORMATION:				
Vehicles:					
Personal Cars	Large Trucks	Other Trucks	Vans	Motor he	omes
Semi-Tractor Trailers	s Camera Car	Picture Ca	ars	Dressing Roo	oms
Other Vehicles (expla	ain)				

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.

Vehicles or to be parked on or need access to park property (attach additional sheets if necessary):

МАКЕ	MODEL	COLOR	STATE	LICENSE PLATE #	
Base Camp location (attach diagram if nece	ssary:			
CATERING INFOR	RMATION				
Catering Co. Name			Phone Numbe	er	
On-site Manager		Food Licen	se Information:		
Equipment:					
SPECIAL ACTIVIT	TIES:				
Children: None	Yes # of Childr	en Age	Range		
Animals: None	Yes (explain)				
Trainer Name	:	Ph	one #:		
Aircraft: No	Yes (explain)				
Special Effects: (iden	ttify)				
Effects Techn	Effects Technician Name: Phone #				
License # (if applicable) Permit # (if applicable)					
Stunts: (explain)					
CoordinatorPhone #					
Any other unusual or hazardous activities? explain					
Are you familiar with/ have you visited the requested area? Y Have your obtained a permit from the National Park Service in the past? Y (If yes, provide a list of permit dates and locations on a separate page.) Y Do you plan to advertise or issue a press release before the event? Y					

ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR

PERMIT REQUEST INCLUDING: set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site clean up. Include a proposed Site Plan(s).

CONTACTS:

Person on location respon	sible for company's adherence to all ter	ms & conditions of a Film Permit:
Name:	Title:	Phone:
Person on location respon	sible for coordinating activities with the	NPS:
Name:	Title:	Phone:
Person at the company of	fice to contact for follow up information	and billing:
Name:	Title:	Phone:
I hereby state that the above information or false statemed	**************************************	et, and that no false or misleading liable to the best of my knowledge and
Signature	Title	Date
Company Name		

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$100.00 made payable to **National Park Service**. Credit card payments may be accepted at some parks. Application and administrative charges are non-refundable. *This completed application should be mailed to Fee Program Office at the Park address found on the first page of this application.*

Note that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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 National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2465), Washington, D.C. 20240