

APPLICATION FORM
for
COMMERCIAL USE AUTHORIZATION (CUA)
(Formerly Incidental Business Permit)

U.S. DEPARTMENT OF THE INTERIOR



National Park Service

240 West 5th Avenue, Room 114

Anchorage, Alaska 99501

Ph: (907) 644-3362 or 644-3533 Fax: (907) 644-3813 or (907) 644-3814

Website: www.nps.gov/akso/concessions/home.htm

Email: brenda_coleman@nps.gov

The term of a CUA may not exceed 2 years and no preferential right of renewal or similar provisions for renewal may be provided.

Please check the year(s) for which you would like your authorization. 2007 2008

This application is used to request “Out-of-Park” commercial visitor service(s). What is meant by “out-of-park” is commercial services that must originate and terminate outside of the boundaries of the park area or within an inholding. Activities such as advertising, soliciting business, collecting fees or selling any goods or services within the park boundaries are NOT allowed.

IMPORTANT: Before completing this application, please refer to Table #1 on Page 5 of the Instruction Booklet 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 (907-644-3362).

Please type or print in ink. Answer all questions completely or mark “N/A” if not applicable

1) _____
Applicant (Holder (Legal Business Name) **Doing Business As (d.b.a.)**

2) **What is your Business Type (Please check appropriate box below)?**

- Corporation** (State: _____)
- Individual**
- Partnership/Association**
- Other** (Specify _____)

3) Address / Contact Information:

Summer

Address: _____
City, State, Zip _____
Country _____
Phone (Day): _____ Eve: _____
Fax: _____
Email: _____
Website: _____

Winter (**If Same as Summer, check box and proceed to Item #4**)

Address: _____
City, State, Zip _____
Country _____
Phone (Day): _____ Eve: _____
Fax: _____
Email: _____
Website: _____

4) (a) Are you employed with the National Park Service? _____.

Title _____
Park / Office where employed _____

(b) Do you have a spouse or minor children employed with the National Park Service? _____

(1) Name, Title & Park: _____

(2) Name, Title & Park: _____

5) Alaska Business License Number _____ Expiration Date of License: _____.

(Note: In general, conducting business in the State of Alaska, requires an Alaska business license. Contact the Alaska Division of Occupational Licensing, Business Licensing Section in Juneau at (907) 465-2550 or Anchorage (907) 269-8173 or via the Internet at http://www.commerce.state.ak.us/occ/apps/BLEC_Start.cfm.)

6) Employees who will work in the park under the authority of your authorization.

(Note: Provide names and titles of Holder's employees who will work in the park under the CUA. These are usually Guides/Leaders, Drivers, Boat Operators that are employees of the Holder of the CUA (not contracted service). Use additional paper if needed.

Please also provide first aid and/or CPR certification if your employees/guides have them.

Employee Name	Title	First Aid Certification Expires On	CPR Certification Expires On	Certifying Agency (e.g.: American Red Cross)
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	

7) Will you use another business to transport your clients to/from park (such as an Air Taxi business? Etc.)? No Yes (Business Name: _____)

8) Will your business operate WATERCRAFT within NPS boundaries _____?

If "yes", please give a description of each watercraft. Contact the Alaska Department of Motor Vehicles for State registration requirements for motorized and non-motorized watercraft at 907-269-5590 or via the Internet at <http://www.state.ak.us/dmv/boat.htm>

(Note: The use of personal watercraft (including airboats) is prohibited for commercial purposes in the National Park Units. **Personal Watercraft** refers to a vessel, usually less than 16 feet in length which uses an inboard, internal combustion engine powering a water jet pump as its primary source of propulsion. The vessel is intended to be operated by a person or persons sitting, standing or kneeling on the vessel, rather than within the confines of the hull. Brand names include, but are not limited to, Jet Ski, Sea-Doo, Waterrunner, Wet Jet and Surf Jet. **Airboat** means a vessel that is supported by the buoyancy of its hull and powered by a propeller or fan above the waterline.). The use of High Speed Amphibian technology based vehicles (Quadski, Aquada, Humdinga, etc) in the park is also prohibited.

WATERCRAFT DESCRIPTION <i>(E.g. Kayaks, Inflatable Raft, Canoe, etc.)</i>	CAPACITY (# Passengers)	DMV REGISTRATION NUMBER OR US COAST GUARD DOC NUMBER (This column applies to motorized boats)	REGISTRATION EXPIRES ON?	COLOR(S)	LENGTH	IS IT MOTORIZED?
		AK- _____ -or- USCG# _____ N/A _____				
		AK- _____ -or- USCG# _____ N/A _____				
		AK- _____ -or- USCG# _____ N/A _____				
		AK- _____ -or- USCG# _____ N/A _____				
		AK- _____ -or- USCG# _____ N/A _____				

9) Will your business operate vehicles (car, truck, van, bus, taxicab, etc) within NPS boundaries ____?

If "yes", please give a description of each vehicle. Use additional paper if necessary.

MAKE OF VEHICLE	YEAR	MODEL	COLOR	MAX # PASSENGERS	OWN	LEASE

10) Will your business operate aircraft within NPS boundaries ____?

My FAA Air Carrier Operating Certificate Expires on _____, Certificate Number _____

TAIL NUMBER	MAKE / MODEL	WHEEL	FLOAT	SKIS	COLOR(S)

11) Are you a Licensed Big Game Transporter? Yes No

If "yes", please provide the following:

Transporter License Number _____ Expiration Date: _____

12) Are you an Air Taxi Operator or Boat Operator who may occasionally (*on incidental basis*) transport hunters, their equipment or game to/from park? Yes No

13) **Mountaineering Guides** must submit a Standard Operating Plan along with this application that gives specifics on: previous mountaineering experience, glacier travel experience, medical certification (minimum WFR), guide qualifications/certifications and have a medical sponsor and protocol if carrying prescription drugs in drug kit.

14) SELECTING YOUR PARK & COMMERCIAL VISITOR SERVICE

(After you have finished selecting all your Parks and Services, skip down to Page #7, Item 15.)

Use the tables found on pages 5, 6, & 7 of the Instruction Booklet to complete this section.

For your information, **Denali National Park & Preserve (DENA)** now allows commercial use of specific trails in the Front Country. Commercially guided day hiking is authorized on the following Front Country trails:

- | | | |
|----------------------------|---------------------|------------------------------|
| a) Bike Trail to DVC* | No group size limit | No annual limit |
| b) Jonesville Trail to DVC | Group size of 15** | No annual limit |
| c) Roadside Trail | Group size of 15 | Limited to 20 trips per year |
| d) Rock Creek Trail | Group size of 15 | Limited to 20 trips per year |

*DVC is the Denali Visitor Center.

**All group size limits are inclusive of guides.

A small portion of the Taiga Trail may be used for authorized CUA holders to access the Roadside and Rock Creek trails from the Denali Visitor Center. Copies of DENA maps are attached for your convenience; however you may also download them from <http://www.nps.gov/akso/concessions/FormsHome.htm>.

FIRST PARK CODE _____

Visitor service(s) Code(s) for this park

_____, _____, _____, _____, _____, _____, _____, _____,
_____, _____, _____, _____, _____, _____, _____, _____

What is the estimated number of guides per trip? _____ Clients per trip _____

(Check Table #3 on page 7 of the Instructions to verify you are not exceeding any guide/client limits.)

What date would you like to start your first trip? _____

Tell us which general areas of this park you will use.

(Please be as specific as possible and generally avoid "entire park" or "all".)

Briefly describe your Itinerary:

SECOND PARK CODE _____

Visitor service(s) Code(s) for this park

(Write in the codes for the visitor services you propose to provide.)

_____, _____, _____, _____, _____, _____, _____, _____,
_____, _____, _____, _____, _____, _____, _____, _____

What is the estimated number of guides per trip? _____ Clients per trip _____

(Check Table #3 on page 7 of the Instructions to verify you are not exceeding any guide/client limits.)

What date would you like to start your first trip? _____

Tell us which general areas of this park you will use.

(Please be as specific as possible and generally avoid "entire park" or "all".

Briefly, describe your Itinerary:

THIRD PARK CODE _____

Visitor service(s) Code(s) for this park

_____, _____, _____, _____, _____, _____, _____, _____,
_____, _____, _____, _____, _____, _____, _____, _____

What is the estimated number of guides per trip? _____ Clients per trip _____

(Check Table #3 on page 7 of the Instructions to verify you are not exceeding any guide/client limits.)

What date would you like to start your first trip? _____

Tell us which general areas of this park you will use.

(Please be as specific as possible and generally avoid "entire park" or "all".

Briefly describe your Itinerary:

FOURTH PARK CODE _____

Visitor service(s) Code(s) for this park

_____, _____, _____, _____, _____, _____, _____, _____,
_____, _____, _____, _____, _____, _____, _____, _____,

What is the estimated number of guides per trip? _____ Clients per trip _____

(Check Table #3 on page 7 of the Instructions to verify you are not exceeding any guide/client limits.)

What date would you like to start your first trip? _____

Tell us which general areas of this park you will use.

(Please be as specific as possible and generally avoid "entire park" or "all".

Briefly describe your Itinerary:

15) Within the past 5 years, have you, the company (business entity) or any individual serving as an officer, principal, partner or employee with this business entity or any previous business entity, been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation?

Yes No

Date of Violation: _____

Was this a conviction? _____ Was Collateral forfeited? _____

Name of Business or person(s) _____

Place of Violation? _____

Court Name _____

Give Details _____

(Results) Action Taken by Court _____

16) Is the company (current entity) or previous business entity, or any owners of this business entity or previous business entity now under charges for any violation of state, Federal, or local law or regulation?

Yes No

Date of Violation: _____

Place of Violation? _____

Who is the Charge against? _____

Who made the Charge(s) _____

Give Details of charge(s) _____

Current Status: _____

17) *Within the past 5 years, have any of your current or proposed employees been convicted of or forfeited collateral for any state, federal, or local law or regulation; OR are they now under charges for any violation of state, federal or local law or regulation?

Yes No *(*Employees identified below may be precluded from working for the operator)*

Date of Violation: _____, Place of Violation: _____

Was this a conviction? _____ Was Collateral forfeited? _____

Name of Employees or Proposed Employees Involved _____
Place of Violation? _____
Court Name _____
Give Details _____
Current Status _____

18) 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.

Note: Application must be signed by an authorized individual such as the owner or president. Authorized agents signing on behalf of the Owner/ President must attach proof of authorization to make application on behalf of the Applicant / Holder named in Item #1 of this application.

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: _____ Printed Name _____
Title: _____ Date: _____

Mail the Commercial Use Authorization Application and Fee Payment to:

**National Park Service
Concessions Office
240 West 5th Avenue, Room 114
Anchorage, Alaska 99501**

Use this table to determine the amount to send with application:

FEE SCHEDULE

Number of Parks	Application/Administrative Fee	Application/Administrative Fee
	2-Year CUA (Send with Application)	1-Year CUA (Send with Application)
1	\$300	\$200
2	\$400	\$250
3	\$500	\$300
4	\$600	\$350
5	\$700	\$400
6	\$800	\$450

Additional Fees

In addition to the Application and Administrative Fee shown in the table above, those applying for **Glacier Bay National Park & Preserve, Western Arctic National Parklands** and/or **Wrangell-St. Elias National Park & Preserve** must also include the Management Fee with their application for those parks.

<u>Park Unit</u>	<u>Fee</u>
Glacier Bay National Park & Preserve	\$100.00
*Western Arctic National Parklands	\$100.00
Wrangell-St. Elias National Park & Preserve	\$100.00

***Note:** The \$100 fee for Western Arctic National Parklands includes Bering Land Bridge National Preserve, Cape Krusenstern National Monument, Kobuk Valley National Park and Noatak National Preserve. The \$100 covers commercial operations in any or all of these western arctic park units - there is **not** a separate charge per park unit. This does not apply to Glacier Bay and Wrangell-St. Elias -- you pay a separate \$100 for each of these park units.

Please refer to the Commercial Use Authorization Application Instructions Booklet (Pages 2, 3 & 4) or the individual park stipulations for information on other park units' fees and payment schedules.

IMPORTANT REMINDER:

Please include either your Tax Identification Number or Social Security Number on your check.