

DENALI NATIONAL PARK AND PRESERVE

Application for Special Use Permit

General Instructions

1. You must answer all required questions on the permit form.
2. You must sign and date the form. **INDEPENDENT CLIMBERS:** Return both pages by email to dena_talkeetna_office@nps.gov. **GUIDED CLIMBERS:** Return both pages by email to the company that you are climbing with.
3. You must pay the climber's fee and National Park entrance fee on Pay.gov.
4. You must attend an appointment scheduled by the Talkeetna ranger team.

Special Instructions for Completing the Form Note: Not all fields are required. **INDEPENDENT CLIMBERS ARE THOSE NOT GOING WITH AN AUTHORIZED MOUNTAINEERING COMPANY**

1. **Applicant Name** — Last Name, First Name, Middle Initial.
2. **Telephone Number** — Within USA: (xxx)xxx-xxxx International: include country code.
3. **Organization: INDEPENDENT CLIMBERS** — Name of Expedition. **GUIDED CLIMBERS** — name of company and date of departure.
4. **Social Security Number:** Requested but not required for American climbers
5. **Fax Number:** No information is needed. Leave field blank
6. **Cell Phone Number: Within USA:** (xxx)xxx-xxxx. **International:** include country code.
7. **Email Address** — Provide an email address that you check regularly.
8. **Street Address, City, State, Zip Code, Country:** Provide a complete mailing address including the country in which you reside.
9. **Activity Details: (INDEPENDENT CLIMBERS ONLY)** — Include the following information in this field: a) The mountain and route you are applying to climb; b) Orientation preferences: First and second choice of date and time (9:00 am, 11:00 am, 1:30 pm and 3:30 pm daily); c) Any additional details of the climb you want us to know. For example, are you attempting multiple routes, a solo ascent, ski, snowboard or splitboard descent?
10. **Preferred Date: (INDEPENDENT CLIMBERS ONLY)** — the date that you wish to begin your climb (mm/dd/yyyy).
11. **Alternative Date(s): (INDEPENDENT CLIMBERS ONLY)** — provide at least 2 alternative dates that you can begin your climb. This will assist in scheduling your mandatory appointment.
12. **Preferred Location, Preferred Time, Alternate Location and Alternate Time** — Leave fields blank.
13. **Participants (best estimate): (INDEPENDENT CLIMBERS ONLY)** — the total number of climbers in your team. including yourself. A solo team will have 1 member. NOTE: teams may not exceed 12 members.
14. **Vehicles**—No information is needed. Leave field blank..
15. **List of equipment**—No information is needed. Leave field blank.
16. **Individual in charge of activity who is authorized to make decisions related to the permitted activity: (INDEPENDENT CLIMBERS ONLY)** — Provide the name of the expedition leader: Last Name, First Name. The expedition leader is the point of contact for the group, and they will receive all correspondence related to the registration process. The expedition leader is not required to 'lead' the group while climbing or be the strongest climber of the group.
17. **Cell Phone Number (of expedition leader): (INDEPENDENT CLIMBERS ONLY)** — Provide the leader's email address in place of a cell phone number.
18. **Activity Questions:** Climbing Denali/Mt. Foraker is not an expression of a first amendment right (guaranteed freedoms include freedom of speech, assembly, religion). However it is a required question. Please check *yes* or *no* for each question.
19. **Signature and date block**—Print your name, title (if applicable), sign your name and date. **Permit application is not complete without a name, signature, and date.**



APPLICATION FOR SPECIAL USE PERMIT SHORT FORM



Denali National Park and Preserve
Walter Harper Talkeetna Ranger Station
22241 South B Street, Talkeetna AK 99676
(907)733-2231

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of **\$430 (\$330 for climbers 24 years or younger)** must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time for the park to process your request; check with the park for guidelines. 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 cost recovery charges and proof of liability insurance naming the United States of America an additional insured.

Applicant Information	
Applicant Name:	Telephone Number:
Organization:	Cell Phone Number:
Social Security Number or Tax ID Number:	Fax Number:
Email Address:	Street Address:
City:	State:
Zip Code:	Country:

Activity Details

Description of Proposed Activity (Attach Additional Sheets if More Space is Needed)

Date	Location	Time
Preferred Date:	Preferred Location:	Preferred Time:
Alternate Date(s):	Alternate Location(s):	Alternate Time(s):

* Alternatives will be considered if first choice is not available

Participants, Vehicles, & Equipment

If using any vehicles, attach a parking plan to this form.

Type	Maximum Number
Participants (best estimate)	
Vehicles	

List of Equipment (Attach Additional Sheets if More Space is Needed)

Individual in Charge

Individual in charge of activity onsite who is authorized to make decisions related to the permitted activity

Name	Cell Phone Number

Activity Questions

Is this an exercise of First Amendment Rights?

Yes No

Have you visited the requested area?

Yes No

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	
Title	
Signature	
Date	

NOTICES

This is an application **only** and does not serve as permission to conduct any 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 application fee in the form of a **PAY.GOV online payment** to dena_talkeetna_office@nps.gov at the park address found on the first page of this application. If your request is approved, a permit containing applicable terms and conditions will be sent 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.

Privacy Act Statement

Authority: The authority to collect information on the attached form is derived from 54 U.S.C. 100101.

Purpose: The purposes of the system are (1) to provide a 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 assist park staff to 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 5 U.S.C.552a(b) of the Privacy Act, records or information contained in this system may be disclosed outside the National Park Service as a routine use pursuant to 5 U.S.C. 552a(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.

Disclosure: Voluntary, however, failure to provide the requested information may impede individual from obtaining a permit from the National Park Service.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): Your Social Security Number (SSN) is needed to identify records unique to you. 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. Failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting your SSN is 54 U.S.C.103104. The information gathered through the use of the SSN will be used only as necessary for processing this application and collecting and reporting any delinquent financial obligations. Use of the social security number will be carried out in accordance with established regulations and published notices of system of records.

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, 12201 Sunrise Valley Drive Reston, Virginia 20192. Please do not send your form to this address.