

APPLICATION FOR SPECIAL USE PERMIT COMMERCIAL FILMING/ STILL PHOTOGRAPHY (Long Form)



Lake Roosevelt National Recreation Area

1008 Crest Drive Coulee Dam, WA 99116 509-754-7807

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$45.00 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.

Enter either a Social Security Number OR a t 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 Mame	
Location Manager	
Telephone	
Cell	
Email Address	
Type of Project	√
	s (attach additional pages if needed)

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Location S	chedule					
Date	Location	Start Time	End Time	Interior / Exterior	Activity (e.g., Set-up, Breakdown)	# of Cast and Crew*
	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						
Equipment 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.						

Electrical	Requirements

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	

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Road Hea

Road USe						
Will you require the use of roads? Yes (If yes, please explain below) No				Do you require road closures? Yes (If yes, please explain below) No		
Road Use Schedu	ıle					
Starting Date	Ending Date	Starting Time	Endir	g Time	Location	
		(include AM or PM)	(inclu	de AM or PM)		
Road Use Shots Driving Drive-by Towing Wet down roa Drive-ups and Other (please	d away					
Como e Ferrina						
Camera Equipme Camera / equip		check all that apply		Road shoulde Road median Other (explain		
Types of equip	oment (check al	that apply)		Hand Dolly with trace Portable crane Tripod Arm footage Car mount Dolly Crane or jib a Camera car,	e	

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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 (attach diagrams)	Special activities (attach additional pages, if necessary)
Involvement of Minor ☐ Yes (If yes, provide ☐ No	rs the information requested	l below)	
Quantity of minors	Age range		
□ No	the information requested	,	
Type of livestock	Quantity of livestock	Manner of transportation Sta	aging/coral requirements
Aircraft NOTE: All aircraft use ov permit.	er park lands should be listed	l. Landings must be specifically requ	ested and approved as a condition of your
Will aircraft be used		will be used (If yes, explain) von't be used	
Explanation of use			
Special Effects Including weapons, pyrot	echnics, etc. Attach additiona	al pages, if necessary.	
Description of spece effects to be used		<u></u>	
Effects technician's	name		
Technician phone			
Technician email			
License # (if applica	ble)		
Permit # (if applicab	le)		

contact information) of all

companies involved with this project. Attach additional pages, as

other individuals /

necessary.

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	Yes, stunts will be used (If yes, explain)	
Explanation of stunts	No, stunts won't be used	
Stunt coordinator's name		
Coordinator phone		
Coordinator email		
_	Yes (If yes, explain) No	
Explanation of activities		
Activity Questions Have you visited the requested area?		☐ Yes ☐ No
When answering "Yes" to any of the foll	lowing questions, provide additional information using additional pag	ges, as necessary
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 Na	ational Park Service in the past?	☐ Yes ☐ No
Have you ever been denied a permit or	had a permit revoked by a Federal agency?	☐ Yes ☐ No
Are there any pending Federal investiga	ation against you which involve a commercial filming activity?	☐ Yes ☐ No
Have you forfeited a bond or other secu	rity for photography on Federal lands?	☐ Yes ☐ No
Do you plan to advertise or issue a pres	ss release before the event?	☐ Yes ☐ No
Do you anticipate any security concerns	s? If yes, explain on an attached sheet	☐ Yes ☐ No
	n additional pages with information useful in evaluating your pe , parking plan, security plans, sanitary facilities, crowd control, emen d site clean-up.	
Project Administration	Voc (If you evaloin)	
	Yes (If yes, explain) No	
If yes, provide a full description (including		

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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		
Title		
Company Name		
Date		
Signature		

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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 an online payment: https://www.pay.gov/public/form/start/747409627 to laro-permits@nps.gov.

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. OMB has approved this collection of information and assigned Control No. 1024-0026.

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

INTERNAL AGENCY USE ONLY

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

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