OMB Control No. 1024-0268
Expiration Date: 10/31/2027

ANNUAL REPORT
COMMERCIAL USE AUTHORIZATION

Park / Area Name

CUA Coordinator Name

Phone Number of CUA Coordinator

For Calendar Year:

DUE BY:

1. CUA INFORMATION:
   CUA Number:
   Services Provided: (As it appears on your authorization.)

2. CONTACT INFORMATION:
   Owner Name:
   Legal Business Name:
   Mailing Address (Street Address):
   (City, State, Zip Code):
   Phone:
   Authorized Agent:
   Email (business):
   Email (contact person):

VISITOR USE INFORMATION

3. VISITORS AND/OR TRIPS:
   Enter the number of clients for whom you provided service within the park or served as a result of park-based operations over the past year:
   Enter the number of trips your company made to the park over the past year:

4. LENGTH OF STAY:
   Enter the average length of time your clients were in the park as a result of the service you provided *(if applicable)*. For day trips, show the average number of hours that you spend in the park per trip. For overnight trips show the average number of nights that you spend in the park per trip from the first travel day to the last day exiting the park.
   Average hours per trip:
   (Trips that use lodging outside of the park are considered day trips.)
   Average number of nights per trip:

   (If provided, use table below to report total visitor use numbers and additional details.)
   [Note: Park may modify and insert appropriate table for reporting visitor use information (See "Attachment A").

FINANCIAL INFORMATION

5. Enter the gross receipts you earned as a result of doing business authorized by the CUA:

INJURY INFORMATION

6. Did any reportable injuries occur during your trips this year? ☐Yes ☐No

   If "Yes", please use a separate sheet of paper to report the date of the incident and a brief statement of the incident. Include a description of the activity taking place at the time of the injury, the type of injury, and the action taken to provide patient care. Please include the sex and age of the patient (omit the patient's name). A reportable injury involves any medical incident or injury

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requiring medical aid beyond Basic First Aid and/or when a request for medical aid/rescue assistance is made. You do not need to send in a report if you have already done so.

RETURNING

7. ☐ Our company plans to return next year. ☐ Our company does not plan to return.

8. **SIGNATURE: False, fictitious or fraudulent statements or representations made in this report 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). Authorized Agents must attach proof of authorization to sign below.**

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate.

Signature _____ Date _____

Printed Name Title

NOTICES
Privacy Act Statement

Authority: The authority to collect information on the attached form is derived from 16 U.S.C. 5966, Commercial Use Authorizations.

Purpose: The purposes of the system are (1) to assist NPS employees in managing the National Park Service Commercial Services program allowing commercial uses within a unit of the National Park System to ensure that business activities are conducted in a manner that complies with Federal laws and regulations; (2) to monitor resources that are or may be affected by the authorized commercial uses within a unit of the National Park System; (3) to track applicants and holders of commercial use authorizations who are planning to conduct or are conducting business within units of the National Park System; and (4) to provide to the public the description and contact information for businesses that provide services in national parks.

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: Providing your information is voluntary, however, failure to provide the requested information may impede the processing of your commercial use authorization application.

Paperwork Reduction Act Statement

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (54 U.S.C. 101911). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your impact to park resources and compliance with park regulations and limitations. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number.

Estimated Burden Statement

We estimate that it will take approximately 1.25 hours to prepare a report, including time to review instructions, gather and maintain data, and complete and review the report. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Information Collection Officer, National Park Service, 12201 Sunrise Valley Drive, MS-242 Rm. 2C114, Reston, VA 20192. Please do not submit your form to this address, but rather to the address at the top of the form.

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ANNUAL REPORT INSTRUCTIONS
COMMERCIAL USE AUTHORIZATION

Park / Area Name

CUA Coordinator Name

Phone Number of CUA Coordinator

A report is required for each Commercial Use Authorization (CUA) issued. These instructions correspond to the numbered questions in Form 10-660.

1. Enter the CUA number and the service you are authorized to provide as it appears on the CUA.
2. Enter the CUA contact information.
3. Enter the number of clients who made use of the commercial services provided under this CUA. Note: If you already submit monthly reports, we only require you to add the monthly reports together.
4. Enter the average number of hours or days a customer engaged in the service you provide spends in the park.
5. Enter the gross receipts, in US dollars, you earned as a result of doing business authorized by the CUA. Do not include gross revenue for operations occurring outside the park if those operations are not park-dependent and are unrelated to the operations authorized by the CUA
6. Provide details of any reportable injuries incurred by the holder, the employees of the holder, or clients within the park during the term of this CUA.
7. Check the box to indicate interest in applying for a CUA when this one expires.
8. Signature of business owner or authorized agent.

Attachment A: CUA Annual Report – Reporting Table

ATTACHMENT A

CUA ANNUAL REPORT
Reporting Table

RETAIL SALES: (Farmers Markets, Special Performances, Special Events)

Month	Number of Retail Transactions	REVENUE
April		
May		
June		
July		
August		
September		
Totals (for Season):		

EQUIPMENT RENTAL:

Month	Canoes	Kayaks	Sailboards	Bikes	Misc.	Revenue
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL:						

GUIDED BACKCOUNTRY TRIPS:

Month	Number of Trips	Number of Visitors	Number of Guides[1]
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
TOTAL:			

[1] The number of trips multiplied by the number of guides on each trip. If there are 2 guides on each trip and 5 trips, the total number of guides is 10.