**For Fiscal Year: 2023 (October 1, 2022 to September 30, 2023)**

**DUE BY:** November 30, 2023

1. CUA INFORMATION:

 *CUA Number:*

*Services Provided: (As it appears on your authorization.)*

2. CONTACT INFORMATION:

 *Owner Name:* *Authorized Agent*:

 *Legal Business Name:* *Email (business):*

 *Mailing Address* *(Street Address)*: *Email (contact person):*

 *(City, State, Zip Code):*

 *Phone:*  *Fax:*

**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.)*

5. What percentage of the service you provide takes place in the park?

**FINANCIAL INFORMATION**

6. Enter the total gross receipts for your operation:

7. Enter the portion of the total gross receipts earned that resulting from visiting the park:

**INJURY INFORMATION**

8. 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 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**

9. [ ]  Our company plans to return next year. [ ]  Our company does not plan to return.

10. **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.

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 percentage of your business that takes place inside the park or is dependent on park-based operations.
6. Enter total gross receipts for the holder (applicant) for the most recent business year. This is the total gross receipts the company brought in, regardless of whether or not the gross receipts are a result of the service provided under this CUA. Enter the total amount in US dollars. Gross receipts will not be made public by the Service except in accordance with law.
7. Enter the gross receipts that are a result of providing the service authorized under this CUA. Multiply total gross receipts reported in question 6 by the percentage of your business that takes place in the park or is dependent on park-based operations (question 5). Enter the calculated amount in US dollars. Gross receipts will not be made public by the Service except in accordance with law.

 Example: $145,000.00 (question 6) x 75% (question 5) = $108,750.00

1. 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.
2. Check the box to indicate interest in applying for a CUA when this one expires.
3. Signature of business owner or authorized agent.

**ATTACHMENT A**

**CUA ANNUAL REPORT**

**Annual Reports MUST reflect each visit in the park. Please FIRST use your monthly data and then transfer to the**

**Annual Report. River Outfitters MUST submit Monthly Reports with the Annual Report. The data will NOT be**

**accurate unless recorded in this manner. A User Day is the # of clients x the # of days.**

**Examples: Let’s say you had 3 trips in March.**

**Trip Date Number of Clients Number of Days Total User Days**

**March 2 5 1 5**

**March 8 8 3 24**

**March 17 6 2 12**

**Total # User Days for March 19 6 41 days**

\*Note: Please do not lump all clients and all user days for the month and multiply. This will not reflect correct user days. Please use above example. Thanks.

**SHUTTLES (with or without equipment rentals):**

| **Month** | **Number of Shuttles** | **Number of Clients** | **Number of Days1** | **Number of User Days2** | **Revenue** |
| --- | --- | --- | --- | --- | --- |
| October 2022 |       |       |       |       |       |
| November |       |       |       |       |       |
| December |       |       |       |       |       |
| January 2023 |       |       |       |       |       |
| February |       |       |       |       |       |
| March |       |       |       |       |       |
| April |       |       |       |       |       |
| May |       |       |       |       |       |
| June |       |       |       |       |       |
| July |       |       |       |       |       |
| August |       |       |       |       |       |
| September 2023 |       |       |       |       |       |
| **TOTAL:** |       |       |       |       |       |

**GUIDED TRIPS (NON-RIVER):** If you conduct more than ONE trip per year, please use Monthly Reports totals for accurate data. River Outfitters are required to submit monthly data along with the Annual Report.

| **Month** | **Number of Trips** | **Number of Clients** | **Number of Days1** | **Number User Days2** | **Revenue** |
| --- | --- | --- | --- | --- | --- |
| October 2022 |       |       |       |       |       |
| November 2022 |       |       |       |       |       |
| December 2022 |       |       |       |       |       |
| January 2023 |       |       |       |       |       |
| February 2023 |       |       |       |       |       |
| March 2023 |       |       |       |       |       |
| April 2023 |       |       |       |       |       |
| May 2023 |       |       |       |       |       |
| June 2023 |       |       |       |       |       |
| July 2023 |       |       |       |       |       |
| August 2023 |       |       |       |       |       |
| September 2023 |       |       |       |       |       |
| **TOTAL:** |       |       |       |       |       |

1 Use whole numbers. Example: a few hours in the park is recorded as 1 day, a single trip would be 2 days

2A user day is the number of clients x number of days for each visit – use monthly data for final User Day numbers.

**GUIDED TRIPS (RIVER):** If you conduct more than ONE trip per year, please use Monthly Reports totals for accurate data. River Outfitters are required to submit monthly data along with the Annual Report.

| **Month** | **Number of Trips** | **Number of Clients** | **Number of Days1** | **Number User Days2** | **Revenue** |
| --- | --- | --- | --- | --- | --- |
| October 2022 |       |       |       |       |       |
| November 2022 |       |       |       |       |       |
| December 2022 |       |       |       |       |       |
| January 2023 |       |       |       |       |       |
| February 2023 |       |       |       |       |       |
| March 2023 |       |       |       |       |       |
| April 2023 |       |       |       |       |       |
| May 2023 |       |       |       |       |       |
| June 2023 |       |       |       |       |       |
| July 2023 |       |       |       |       |       |
| August 2023 |       |       |       |       |       |
| September 2023 |       |       |       |       |       |
| **TOTAL:** |       |       |       |       |       |

1 Use whole numbers. Example: a few hours in the park is recorded as 1 day, a single overnight trip would be 2 days

2A user day is the number of clients x number of days for each visit – use monthly data for final User Day data.