



APPLICATION FOR SPECIAL USE PERMIT
Vehicle / Watercraft Use



Castle Mountains National Monument
2701 Barstow Road
Barstow, CA. 92311
760-221-4740

Type of Permit

- Off-road vehicle
- Commercial vehicle access
- Snowmobile
- Vehicle parking
- Watercraft

Applicant Information

Applicant Name	
Telephone	
Cell	
Company	
Address (Street/PO box, city, state, zip code)	
Year-round Resident? (Yes or no)	
Social Security Number or Tax ID #	
Driver's License Number (DLN)	
DLN Issuing State	
DLN Expiration Date	
Email Address	
Emergency Contact Name	
Emergency Contact Phone #	

Additional Drivers

Limit of drivers, attach additional pages if necessary

Name	Driver's License Number	Issuing State	Expiration Date



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Type of Vehicle

- Passenger car
- Van / light truck
- Utility van / truck
- RV / camper / trailer
- Bus
- Snowmobile
- ATV / UTV
- Semi / 18-wheeler
- Oversized load
- Watercraft

Vehicle Information

Skip fields irrelevant to your vehicle

Vehicle ID Number (VIN)	
License Plate / Registration #	
Issuing State	
Expiration Date	
Year	
Make	
Model	
Color	
Weight	
Length	
Height	
Axels	
Watercraft Motor(s)	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard
Number of Watercraft Motors	
Watercraft Motor Horsepower (Each)	

4-wheel drive vehicle?

- Yes No

Is your vehicle required to undergo state inspections?

- Yes No

If yes, what is the expiration date?

Vehicle Insurance

Company Name	
Policy Number (attach copy of valid insurance card)	

Permit Request Details

Permit Duration	<input type="checkbox"/> Seven day <input type="checkbox"/> Annual <input type="checkbox"/> Day use <input type="checkbox"/> Overnight <input type="checkbox"/> Other (please specify):
Start Date	
Requested Use Area or Route	

Business Information (if applicable)

Business Name	
Select Type of Business	<input type="checkbox"/> Contractor <input type="checkbox"/> Sanitation / refuse <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Delivery <input type="checkbox"/> Transportation (bus, taxi, etc.) <input type="checkbox"/> Public Utility <input type="checkbox"/> Municipal <input type="checkbox"/> Other (please specify):



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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	
Date	
Signature	

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 cashier's check, money order, or personal check made payable to the **National Park Service** to Castle Mountains National Monument, Special Park Uses Coordinator, 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.

Customers Making Payment by Personal Check

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

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.

INTERNAL AGENCY USE ONLY

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