NPS Form 10-932
OMB No. 1024-0026
NEW 10/00
Expires 6/30/2013

National Park Service
Glen Canyon National Recreation Area
PO Box 1507, 691 Scenic View Dr
Page AZ 86040
928-608-6205 phone 928-608-6204 fax

Application for **Commercial Filming/Still Photography Permit**

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information**. Allow **AT LEAST** 4 business days for processing. A non-refundable processing fee should accompany this application. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges, a location fee, and proof of liability naming United States of America as also insured.

Applicant Name		Organization Name	
Social Security #		Tax ID #	
Street/Address		Street/Address	
City/State/Zip		City/State/Zip	
Telephone #		Telephone #	
Cell Phone #		Cell Phone #	
Fax #		Fax #	
Email		Email	

Project Name		Producer	
Location Manager		Photographer	
Telephone #		Director	
Cell Phone #		Insurance Company	
Email			

TYPE OF PROJECT

- ☐ Stills, Editorial
- ☐ Stills, Advertising
- ☐ Stills, Other
- ☐ Stock Photo/Video/Film
- ☐ Feature Film/TV Movie
- ☐ TV Series/Pilot
- ☐ Documentary/Travelogue
- ☐ Commercial
- ☐ Music Video
- ☐ Infomercial
- ☐ Industrial
- ☐ Public Service Announcement

Other, Explain

Will there be sound recording? ☐ Yes ☐ No Night Work? ☐ Yes ☐ No

Detailed description of on-site activities

Talent comprises anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, National Park Service and concessioner staff, etc.

Do you intend to utilize talent? ☐ Yes ☐ No

If yes, provide a full description of who they are and how they will be utilized

SCHEDULE BY LOCATION(S) (Includes filming, parking and base camp):

Date	Location	Start Time	End Time	Interior or Exterior	Type of Activity (eg: film, prep, strike)	Number of Cast and Crew*

*number in this column should include all individuals present at the location

How will individuals with access to the site be identified? (Identification tags are recommended.)

Electrical needs, explain

Generator ☐ Yes ☐ No Size _____ Lighting ☐ None ☐ Reflectors only ☐ Yes

Explain lighting

Use of Roads _____ Date/Time _____

Road closure requested? ☐ Yes ☐ No

☐ Running Shots ☐ Driving Shots ☐ Drive-bys ☐ Tow Shots ☐ Drive ups and Away ☐ Wet Down Road

☐ Camera/Equipment on Road Shoulder ☐ Camera/Equipment on Median

Other, explain

_____

Vehicles

Personal Cars ____ Large Trucks ____ Other Trucks ____ Vans ____ Motor Homes ____

Semi-Tractor Trailers ____ Camera Cars ____ Picture Cars ____ Dressing Rooms ____

Other Vehicles(explain) _____

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.

Vehicles to be parked on or need access to park property (attach additional pages if necessary):

Vehicle Make	Model	Color	State	License Number

Base Camp Location (attach diagram if necessary) _____

CATERING INFORMATION

Catering Company Name _____ Phone # _____

On-site Manager _____ Food License Information _____

Equipment _____

SPECIAL ACTIVITIES

Children ☐ None ☐ Yes Number of Children ____ Age Range ____

Animals ☐ None ☐ Yes Explain _____

Trainer Name _____ Phone # _____

Aircraft ☐ None ☐ Yes Explain _____

Special Effects (Identify)

Effects Technician Name | Phone #

License # (if applicable) | Permit # (if applicable)

Stunts (Explain)

Stunt Coordinator Name | Phone #

Any other unusual or hazardous activities? Explain.

Are you familiar with/ have you visited the requested area? ☐ Y ☐ N

Have you obtained a permit from the National Park Service in the past? ☐ Y ☐ N
(If yes, provide a list of permit dates and locations on a separate page.)

Do you plan to advertise or issue a press release before the event? ☐ Y ☐ N

ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR PERMIT REQUEST INCLUDING: set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site clean up. Include a proposed Site Plan(s).

CONTACTS

Person on location responsible for adherence to all terms & conditions of the permit

Name | Title:

Phone # | Cell Phone #

Person on location responsible for coordinating activities with the NPS

Name | Title:

Phone # | Cell Phone #

Person at the company office to contact for follow up information and billing

Name | Title:

Phone # | Cell Phone #

I hereby state that the above information given is complete and correct and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant entity and the project described above.

Signature _____ Print Name _____ Date _____

Title _____ Company Name _____

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Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of $100.00 made payable to **National Park Service**. Credit card payments may be accepted at some parks. Application and administrative charges are non-refundable.

This completed application should be mailed to Special Park Uses Coordinator at the Park address found on the first page of this application.

Note that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

NOTICES

Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Applicants are required to provide their social security or taxpayer identification number or activities subject to collection of fees by the National Park Service (31 U.S.C. 7701) Information from the application may be transferred to appropriate Federal, State, local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Paperwork Reduction Act Statement): This information is being collected subject to the Paperwork Reduction Act (44 U.S.C. 3501) to allow the park manager to make a value judgment on whether or not to allow the requested use. All applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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 National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240