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

National Park Service
National Mall and Memorial Parks
900 Ohio Drive, SW
Washington, DC 20042
202-245-4715

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** four (4) business days for processing. A non-refundable processing fee should accompany this application unless the requested use is an exercise of a First Amendment right. 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 insurance naming the United States of America as also insured.

Applicant:	Company:
Social Security #:	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
E-mail:	E-mail:

Project name:	Producer:
Location manager:	Photographer:
Telephone #:	Director:
Cell phone #:	Insurance company:
E-mail:	

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: ☐ No ☐ Yes, explain

Detailed description of on-site activities _____

_____

_____

_____

_____

_____

Talent comprise 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:

LOCATION SCHEDULE:

DATE	LOCATION	Start Time	End Time	Interior or Exterior	Film Strike Prep	# of cast & 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 ☐ No ☐ Yes, size _____ Lighting: ☐ None ☐ Reflectors only ☐ Yes (explain)

Road Use: _____ Date/time: _____

Road closure requested? No ☐ Yes ☐

Running shots ☐ Driving shots ☐ Drive-bys ☐ Tow shots ☐ Drive-ups & Away ☐ Wet down road ☐

Camera/Equipment on Road Shoulder Camera/Equipment on median Other (explain)

OPERATIONAL INFORMATION:

Vehicles:

Personal Cars ☐ Large Trucks ☐ Other Trucks ☐ Vans ☐ Motor homes ☐

Semi-Tractor Trailers ☐ Camera Car ☐ 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 sheets if necessary):

MAKE	MODEL	COLOR	STATE	LICENSE PLATE #

Base Camp location (attach diagram if necessary): _____

CATERING INFORMATION

Catering Co. Name _____ Phone Number _____

On-site Manager _____ Food License Information: _____

Equipment: _____

SPECIAL ACTIVITIES:

Children: None Yes # of Children _____ Age Range _____

Animals: None Yes (explain)

Trainer Name: _____ Phone #: _____

Aircraft: No Yes (explain)

Special Effects: (identify)

Effects Technician Name: _____ Phone # _____

License # (if applicable) _____ Permit # (if applicable) _____

Stunts: (explain)

Coordinator_____Phone #_____

Any other unusual or hazardous activities? Explain

_____

_____

_____

_____

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

Have your 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: _____

****

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/production company and the project described above.

Signature _____ **Title** _____ **Date** _____

Company Name _____

****

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 $**90.00** 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 900 Ohio Drive, SW Washington, DC 20024 or faxed to 202-475-2216.

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. 2024

NATIONAL PARK SERVICE
NATIONAL CAPITAL REGION
Division of Park Programs

Credit Card Billing Information

Applicant: _____

Company (If applicable): _____

Name on Credit Card: _____

Card Holder Authorized Signature: _____

Credit Card Billing Address: _____

_____

Telephone Number: _____

Federal Taxpayer I.D. or Social Security Number: _____

Amount to be billed to Credit Card:

Location Cost: $ _____ **Application Cost:**_____

Credit Card Name & Number

American Express: _____

Discover: _____

Master Card: _____

Visa: _____

Expiration Date: _____

Credit Card Approval Code (3 – 4 digits on the back of the card): _____

(For Agency Use Only)

Project Number/BILL: _____

Prepared By: _____ **Date Processed:** _____

Permit Number: _____

Organization/Name: _____