



United States Department of Interior

National Park Service
Joshua Tree National Park
74485 National Park Drive
Twentynine Palms, CA 92277-3597
760-367-5500

PROCEDURES FOR SPECIAL USE PERMIT ON ROAD BASED TOURS

1. Applicant requests should submit to Joshua Tree National Park Fee Program and Special Use Permit Office by email, fax, or mail.

2. An Original Certificate of Insurance (minimum of \$1 million per occurrence) from the insurance provider is required. The additional named insured endorsement (RCL-99-13) must read as follows:

United States of America
Joshua Tree National Park
74485 National Park Drive
Twentynine Palms, CA 92277

Please send the Certificate of Insurance along with your application.

3. **Description of activities: Check those which apply!**

Driving Tour with brief incidental stops: Overnight stay in campgrounds: Driving with stops for hiking , climbing , picnics or other activities (describe) _____, Other: _____

Estimated number of people on tour: _____, Estimated number of annual visits to the park: _____,

4. Joshua Tree National Park 24 hour Emergency Dispatch number: (909) 383-5651 This number must be distributed to Drivers and Tour Directors along with directions for nearby medical facilities. All accidents or injuries requiring medical care must be reported to the Emergency Dispatch Center.

5. Transport Companies required to be licensed through PUC must include a current copy of this license or certificate. Out of California companies, present an FMCSA report.

6. Promotional literature with itinerary and rates along with the Application.

7. There are no costs involved in obtaining this permit. Park entrance fees vary according to the seating capacity of the vehicle. They are as follows:

Capacity	Tour Fee
(Motorcycles 1 or 2 pass.)	\$ 5.00 per person
1 – 6	\$ 25.00 plus \$5.00 per person
7 – 15	\$ 50.00
16 – 25	\$ 60.00
26 and over	\$150.00

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Joshua Tree National Park
74485 National Park Drive
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Phone No. 760-367-5545 Fax No. 760-367-5586

**Application for Special Use Permit
Vehicle/Watercraft Use**

Type of Permit:

Off-Road Vehicle Commercial Vehicle Access Snowmobile Vehicle Parking
 Watercraft

Complete the following:

Applicant's Name _____
last first m.i. suffix

Driver's License number _____ State _____ Expiration date _____

Applicant/Company Address: _____
street/p.o. box/city/zip code

Social Security Number or Business Tax ID number: _____

Telephone: () _____ Cell: () _____

Additional Drivers (attach an additional sheet if needed):

Name: _____ Driver's License number/State _____ exp. date _____

Name: _____ Driver's License number/State _____ exp. date _____

Name: _____ Driver's License number/State _____ exp. date _____

Emergency Contact's Name _____ Telephone Number _____

Vehicle Information:

Type of Vehicle:

Car/pass. Van/lt. truck Utl. Van/Truck Bus RV/Camper/Trailer
 Snowmobile ATV/UVT 18-Wheeler Oversize Load Boat

VIN/ID Number _____

License Plate/Registration number _____ State _____ Expiration Date _____

Year: _____ Make: _____ Model _____ Color _____

Weight _____ Length _____ Height _____ Number of Axles _____

Maximum Number of Passengers: _____ 4-wheel drive vehicle Y N (circle)

Watercraft motor(s) (circle one) inboard out-board

number of motors _____ horsepower (each) _____

Vehicle Inspection Information:

Is your vehicle required to undergo State inspections? Yes No Expiration date: _____

Insurance Information: Complete the following and attach copy of valid insurance card.

Company _____ Policy number _____

Requested duration of permit: 7 day Annual Day Use Overnight

Other _____

Requested start date of permit: _____

Requested use area or route: _____

If applicable, select your business, and provide the following information:

Contractor <input checked="" type="checkbox"/> Sanitation/Refuse <input checked="" type="checkbox"/> Plumbing/Heating <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Public Utility <input checked="" type="checkbox"/> Municipal <input checked="" type="checkbox"/> Delivery <input checked="" type="checkbox"/> Transportation (bus, taxi, etc.) <input checked="" type="checkbox"/> Other (specify) _____ Business Name (if applicable) _____

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.

Signature: _____ Print Name: _____

Date: _____

Note: this is an application only, and does not serve as permission to conduct 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 \$0.00 fee in the form of a cashier's check or money order made payable to **National Park Service** to Joshua Tree National Park at the Park address found on the first page of this application.

Notice to 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.

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 for activities subject to collection of fees and charges 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: 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, 1849 C Street, NW (1237), Washington, D.C. 20240.

Title 18 U.S.C. Section 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.