



United States Department of the Interior

NATIONAL PARK SERVICE
Mojave National Preserve
2701 Barstow Road
Barstow, California 92311

APPLICATION REQUIREMENTS for a SPECIAL PARK USE PERMIT

In response to your inquiry concerning Special Park Uses, enclosed is a Special Park Use Application Worksheet for you to complete and return to us. It is important that the worksheet be as detailed as possible concerning your proposed activity. For example, we must know where you propose to conduct your activity or event, the number of participants, what type of equipment you will use, *and* any special provisions you may have.

If you are not familiar with the area, it is advisable to make an advance-scouting trip for routes and/or locations. You will not be permitted to arrive and then select routes/locations on the day of the event. For guided tours, sporting events or other organized gatherings, you will need to attach a copy of advertisements, flyers, brochures, and all information sent to participants. Requests for filming, commercial photography or other commercial operations require a different application form.

The information on the worksheet will be utilized by National Park Service (NPS) staff to evaluate the impacts of your activity on park resources and visitors, the appropriate type of permit, and any additional fees required. **It may require several weeks to review your request and render a decision.**

FEES: A non-refundable application fee of \$69.00 is required from all applicants, regardless of whether or not the permit is issued. The NPS has the authority to collect or recover from Special Park Use permit holders any or all of the costs associated with the special use activities. If the request requires independent review, administrative processing costs (at minimum, \$216.00) and monitoring costs (minimum of two hours, hourly rates vary) may also be collected.

INSURANCE: If your request is approved, a Certificate of Insurance will be required showing that you have general liability insurance coverage of \$1,000,000. This certificate must name the **United States of America** as "additional insured." Other coverage limits may be required based on the requested activity. If required, we will need an **original** certificate of insurance for our files. The permit holder's name must be on the Certificate of Insurance.

BONDS: A performance bond may also be required. The amount of the bond will be determined from the information provided on the worksheet. It may be paid by bond or cashier's check. This bond will be returned to you upon completion of your activity if all stipulations have been met and park resources have not been damaged.

Please submit the enclosed Application Worksheet to the address below. You may post, email or fax the worksheet to:

National Park Service
Mojave National Preserve
Attention: Special Use Permits
2701 Barstow Road
Barstow, CA 92311

telephone: (760) 252-6107
fax: (760) 252-6174
email: moja_sup@nps.gov

PAYMENTS: Payment of the application fee must be received before an application can be processed.

- If paying by check, submit payment with the application. Checks are to be made to the **National Park Service**.
- If paying by credit card, submit the application, then contact Mojave National Preserve for a permit number. This number is required when making credit card payments at www.pay.gov.

National Park Service
Mojave National Preserve
 2701 Barstow Road, Barstow, CA 92311
 (760) 252-6107



Application for Special Use Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of **\$69.00** must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America as also insured.

Enter either a social security number OR a tax ID number: we do not require both.

Applicant Name:	Company/Organization Name:
Social Security #:	Tax ID #
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Contact name:
Cell phone #:	Telephone #:
Fax #:	Fax#:
Email:	Email:

Description of Proposed Activity (attach diagram, attach additional pages if necessary):

Requested Location(s):

DATE(S)

Set up begins: (date and time)	Activity begins: (date and time)	Activity ends: (date and time)	Removal completed (date and time)

Maximum Number of Participants _____ (Please provide best estimate)

Maximum Number of vehicles: (attach parking plan)

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.

Credit Card Authorization: All credit card information is protected under the Privacy Act. Name as it appears on the card (print clearly): _____

Name as it appears on the card (print clearly): **Credit card payments may be made at www.pay.gov.**

(Circle): VISA MasterCard Discover No. _____ Exp. ___ / ___ Security Code

Total Amount Authorized: \$.00

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, and 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 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 other aspect 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 to knowingly and willfully 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.