

APPLICATION FOR SPECIAL USE PERMIT COMMERCIAL FILMING/ STILL PHOTOGRAPHY (Long Form)



Pictured Rocks National Lakeshore

PO Box 40 Munising, MI 49826 (906) 387-2607

Please supply the information requested below. Attach additional sheets, if necessary, to provide required information. A nonrefundable processing fee of \$100 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 an additional insured.

* Enter either a Social Security Number OR a tax ID number; we do not require both.

Applicant Information	Company/Organization Information			
Applicant Name:	Company/Organization Name:			
Social Security Number*:	Tax Identification Number*:			
Street Address:	Street Address:			
City:	City:			
State:	State:			
Zip Code:	Zip Code:			
Country:	Country:			
Telephone Number:	Telephone Number:			
Cell Phone Number:	Contact Name:			
Fax Number:	Fax Number:			
Email Address:	Email Address:			
Project Information				
Project Name				
Location Manager				
Telephone				
Cell				
Email Address				
Type of Project Still Photography Video/Motion Picture/Movie				
Detailed Description of Onsite Activities (attach additional pages if needed)				

Date	Location	Start Time	End Time	Interior / Exterior	Activity (e.g., Set-up, Breakdown)	# of Cast and Crew*
Number i	n this column should ir	nclude all individua	als present a	t the location		
Falent						
Talent con	nprises anyone in front of operators, volunteers, Na				odels, hosts, correspondents, p	resenters, park

* Number in	this column should include	all individuals	s present at	the location			ı
Talent							
Talent comp	orises anyone in front of the car perators, volunteers, National				odels, hosts, corresp	ondents, prese	enters, park
		-aik Service ai	na concession	iei staii, etc.			
	end to use talent? /es, write a full description belo	w of who thev	are and how t	hev'll be used	d. Attach additional r	ages if necess	arv).
☐ No	,,			,		9	, , .
ı							
Equipmen	f						
Description	of equipment, backdrops, sets,		additional pag	ges, if necessa	ary). Please note if	any of the follow	wing will be
included: w	eapons, animals, minors, nudit	y.					
	Requirements of electrical requirements (atta	ch additional n	ages if neces	ecaru)			
Description	or electrical requirements (atta	on additional po	ages, ii rieces	osaiy).			
Generators							
	sing generators?	Quantity (if usina)		Size (if usi	na)	
,			3,			3,	
Yes							
☐ No							
Lighting Re	equirements						
	sing lighting? Reflectors	only?	Descrip	otion of ligh	ting requirement	s (attach add	litional
				fnocossary	<i>(</i>)		

Are you using lighting?		Description of lighting requirements (attach additional pages if necessary)
☐ Yes ☐ No	☐ Yes ☐ No	

Road Use

Road Use						
Will you require the use of roads?				Do you require road closures?		
☐ Yes (If yes, please explain below) ☐ No				☐ Yes (If yes, please explain below) ☐ No		
Road Use Schedu	ıle					
Starting Date	Ending Date	Starting Time (include AM or PM)	Endir	ng Time de AM or PM)	Location	
		(Include AW OF PW)	(iniciu	de Alvi of Fivi)		
Road Use Shots Driving Drive-by Towing Wet down roa Drive-ups and Other (please	d away explain): nt	check all that apply		Road shoulde		
				Road median Other (explain		
Types of equip	oment (check all	that apply)		Hand Dolly with trace Portable crane Tripod Arm footage Car mount Dolly Crane or jib a	e	

OMB Control No. 1024-0026 Expiration Date 11/30/2023

Operational Information

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.

Number of cars, SUVs, or light pick-up trucks	Number of vehicles greater than 10,000 lbs (class 3 or higher)	Base camp location (attach diagrams)	Special activities (attach additional pages, if necessary)
Involvement of Minor ☐ Yes (If yes, provide ☐ No	s the information requested	below)	
Quantity of minors	Age range		
□ No	the information requested	,	
Type of livestock	Quantity of livestock M	lanner of transportation Sta	aging/coral requirements
Aircraft NOTE: All aircraft use ovo permit.	er park lands should be listed.	Landings must be specifically requ	ested and approved as a condition of your
Will aircraft be used	? Yes, aircraft w	vill be used (If yes, explain) on't be used	
Explanation of use			
Special Effects Including weapons, pyrote	echnics, etc. Attach additiona	pages, if necessary.	
Description of speci effects to be used	al	•	
Effects technician's	name		
Technician phone			
Technician email			
License # (if applica	ble)		
Permit # (if applicab	le)		

Stunts		
Will stunts be used?	Yes, stunts will be used (If yes, explain) No, stunts won't be used	
Explanation of stunts		
Stunt coordinator's name		
Coordinator phone		
Coordinator email		
Other Hazardous Activities Any other unusual or	Yes (If yes, explain)	
hazardous activities?	` · · · · · · · · · · · · · · · · · · ·	
Explanation of activities		
Activity Questions Have you visited the requested area?		☐ Yes ☐ No
When answering "Yes" to any of the follo	owing questions, provide additional information using additional pa	ges, as necessary
Do you have, or are you applying for, a p	permit with another Federal, state or local agency for this activity?	☐ Yes ☐ No
Have you obtained a permit from the Nat	tional Park Service in the past?	☐ Yes ☐ No
Have you ever been denied a permit or h	nad a permit revoked by a Federal agency?	☐ Yes ☐ No
Are there any pending Federal investigat	tion against you which involve a commercial filming activity?	☐ Yes ☐ No
Have you forfeited a bond or other secur	rity for photography on Federal lands?	☐ Yes ☐ No
Do you plan to advertise or issue a press	s release before the event?	☐ Yes ☐ No
Do you anticipate any security concerns	? If yes, explain on an attached sheet	☐ Yes ☐ No
story boards or scripts, set construction, activity, trail use, use of any building and	additional pages with information useful in evaluating your popularing plan, security plans, sanitary facilities, crowd control, emed site clean-up.	
	Yes (If yes, explain) No	
If yes, provide a full description (including contact information) of all other individuals / companies involved with this project. Attach additional pages, as necessary.		

NPS Form 10-932 (Rev. 08/2021) National Park Service

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Contacts

Role	Name	Title	Telephone	Cell	Email address
Person on Location Responsible for Adherence to All Terms and Conditions of Permit					
Person on Location Responsible for Coordinating Activities With the NPS					
Company Point-of- contact for Follow-up Information and Billing					

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		
Title		
Company Name		
Date		
Signature		

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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 [park to select payment methods accepted: cashier's check, money order or personal check made payable to the National Park Service] to [input name/park office] 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. OMB has approved this collection of information and assigned Control No. 1024-0026.

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 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:	