**For Calendar Year: 2022**

**DUE BY:** **November 15, 2022**

1. CUA INFORMATION:

 *CUA Number:*

2. CONTACT INFORMATION:

 *Owner Name:* *Authorized Agent*:

 *Legal Business Name:* *Email (business):*

 *Mailing Address* *(Street Address)*: *Email (contact person):*

 *(City, State, Zip Code):*

 *Phone:*  *Fax:*

**VISITOR USE INFORMATION**

3. VISITORS AND/OR TRIPS:

Enter the number of clients for whom you provided service within the park or served as a result of park-based operations over the past year:

 Enter the number of trips[[1]](#footnote-1) your company made to the park over the past year:

4. LENGTH OF STAY:

 Enter the average length of time your clients were in the park as a result of the service you provided *(if applicable)*. For day trips, show the average number of hours that you spend in the park per trip. For overnight trips show the average number of nights that you spend in the park per trip from the first travel day to the last day exiting the park.

 Average hours per trip:

 Average number of nights per trip:

5. What percentage of the service you provide takes place in the park?

**FINANCIAL INFORMATION**

6. Enter the total gross receipts[[2]](#footnote-2) for your operation:

7. Enter the portion of the total gross receipts earned that resulting from visiting the park (i.e., in-park gross receipts)[[3]](#footnote-3):

**INJURY INFORMATION**

8. Did any reportable injuries occur during your trips this year? [ ]  Yes [ ]  No

**If “Yes”**, please use a separate sheet of paper to report the date of the incident and a brief statement of the incident. Include a description of the activity taking place at the time of the injury, the type of injury, and the action taken to provide patient care. Please include the sex and age of the patient (omit the patient’s name). A reportable injury involves any medical incident or injury requiring medical aid beyond Basic First Aid and/or when a request for medical aid/rescue assistance is made. You do not need to send in a report if you have already done so.

**RETURNING**

9. [ ]  Our company plans to return next year. [ ]  Our company does not plan to return.

10. **SIGNATURE:** **False, fictitious or fraudulent statements or representations made in this report may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). Authorized Agents must attach proof of authorization to sign below.**

 *By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate*.

Signature Date

 Printed Name Title

**NOTICES**

**Privacy Act Statement**

**Authority:** The authority to collect information on the attached form is derived from 16 U.S.C. 5966, Commercial Use Authorizations.

**Purpose:** The purposes of the system are (1) to assist NPS employees in managing the National Park Service Commercial Services program allowing commercial uses within a unit of the National Park System to ensure that business activities are conducted in a manner that complies with Federal laws and regulations; (2) to monitor resources that are or may be affected by the authorized commercial uses within a unit of the National Park System; (3) to track applicants and holders of commercial use authorizations who are planning to conduct or are conducting business within units of the National Park System; and (4) to provide to the public the description and contact information for businesses that provide services in national parks.

**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:** Providing your information is voluntary, however, failure to provide the requested information may impede the processing of your commercial use authorization application.

**Paperwork Reduction Act Statement**

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (54 U.S.C. 101911). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your impact to park resources and compliance with park regulations and limitations. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number.

 **Estimated Burden Statement**

We estimate that it will take approximately 1.25 hours to prepare a report, including time to review instructions, gather and maintain data, and complete and review the report. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Information Collection Officer, National Park Service, 12201 Sunrise Valley Drive, MS-242 Rm. 2C114, Reston, VA 20192. Please do not submit your form to this address, but rather to the address at the top of the form.

A report is required for each Commercial Use Authorization (CUA) issued. These instructions correspond to the numbered questions in Form 10-660.

1. Enter the CUA number and the service you are authorized to provide as it appears on the CUA.
2. Enter the CUA contact information.
3. Enter the number of clients who made use of the commercial services provided under this CUA. Note: If you already submit monthly reports, we only require you to add the monthly reports together.
4. Enter the average number of hours or days a customer engaged in the service you provide spends in the park.
5. Enter the percentage of your business that takes place inside the park or is dependent on park-based operations.
6. Enter total gross receipts for the holder (applicant) for the most recent business year. This is the total gross receipts the company brought in, regardless of whether or not the gross receipts are a result of the service provided under this CUA. Enter the total amount in US dollars. Gross receipts will not be made public by the Service except in accordance with law.

Example: If you take clients on ten (10) mile rafting trips and eight (8) of the ten (10) miles are inside the park, then 80% of the activity takes place in the park OR If you spend four (4) hours on a hike and the last hour is hiking outside the park then you spend 75% of the activity in the park.
7. Enter the gross receipts that are a result of providing the service authorized under this CUA. Multiply total gross receipts reported in question 6 by the percentage of your business that takes place in the park or is dependent on park-based operations (question 5). Enter the calculated amount in US dollars. Gross receipts will not be made public by the Service except in accordance with law.

 Example: If the park is the exclusive destination for clients participating in the services provided, then 100% of the holder’s gross receipts are a result of visiting the park. If the services provided within the park are primary or incidental, or the visit to the park is part of a multi-destination tour, then estimate what percentage of gross receipts are directly attributable to visiting the park.

1. Provide details of any reportable injuries incurred by the holder, the employees of the holder, or clients within the park during the term of this CUA.
2. Check the box to indicate interest in applying for a CUA when this one expires.
3. Signature of business owner or authorized agent.

Attachment A: CUA Annual Report – Reporting Table

**ATTACHMENT A**

**CUA ANNUAL REPORT**

**EQUIPMENT RENTALS:** Provide total number of each equipment type rented to any party for each month you provided service. Indicate total receipts you received for the entire month.

| **Month** | **Canoes** | **Kayaks** | **Paddleboards** | **Inner Tubes** | **Slip Rentals** | **Receipts** |
| --- | --- | --- | --- | --- | --- | --- |
| January |       |       |       |       |       | $      |
| February |       |       |       |       |       | $      |
| March |       |       |       |       |       | $      |
| April |       |       |       |       |       | $      |
| May |       |       |       |       |       | $      |
| June |       |       |       |       |       | $      |
| July |       |       |       |       |       | $      |
| August |       |       |       |       |       | $      |
| September |       |       |       |       |       | $      |
| October |       |       |       |       |       | $      |
| November |       |       |       |       |       | $      |
| December |       |       |       |       |       | $      |
| **TOTAL:** |       |       |       |       |       | $      |

**INTERPRETATION and OTHER SERVICES:** Provide total number of each occurrence of service provided for the month. Note “CUA equipment” are those vessels owned by the Holder, while “private equipment” are those vessels not owned by the Holder. Indicate total receipts you received for the entire month.

| **Month** | **Lumberjack Shows** | **Paddleboat Rides** | **Shuttling CUA Equip** | **Shuttling Private Equip** | **Other** | **Receipts** |
| --- | --- | --- | --- | --- | --- | --- |
| January |       |       |       |       |       | $      |
| February |       |       |       |       |       | $      |
| March |       |       |       |       |       | $      |
| April |       |       |       |       |       | $      |
| May |       |       |       |       |       | $      |
| June |       |       |       |       |       | $      |
| July |       |       |       |       |       | $      |
| August |       |       |       |       |       | $      |
| September |       |       |       |       |       | $      |
| October |       |       |       |       |       | $      |
| November |       |       |       |       |       | $      |
| December |       |       |       |       |       | $      |
| **TOTAL:** |       |       |       |       |       | $      |

**GUIDED KAYAK/CANOE TRIPS:** Please report on guided kayak and canoe trips by using “/” to separate reported numbers for each respective service. For example, write “4 / 6” to indicate 4 kayaks and 6 canoes were guided.

| **Month** | **Number of Kayak / Canoe Trips** | **Number of Visitors** | **Number of Guides1** | **Receipts** |
| --- | --- | --- | --- | --- |
| January |       /       |       |       | $      |
| February |       /       |       |       | $      |
| March |       /       |       |       | $      |
| April |       /       |       |       | $      |
| May |       /       |       |       | $      |
| June |       /       |       |       | $      |
| July |       /       |       |       | $      |
| August |       /       |       |       | $      |
| September |       /       |       |       | $      |
| October |       /       |       |       | $      |
| November |       /       |       |       | $      |
| December |       /       |       |       | $      |
| **TOTAL:** |       /       |       |       | $      |

1 The number of times the guides led trips. If there are 2 guides on each trip and 5 trips, the total number of guides is 10.

**GUIDED FISHING or HUNTING TRIPS:** Please circle FISHING or BEAR

| **Month** | **Number of Trips** | **Number of Visitors** | **Number of Guides1** | **Receipts** |
| --- | --- | --- | --- | --- |
| January |       |       |       | $      |
| February |       |       |       | $      |
| March |       |       |       | $      |
| April |       |       |       | $      |
| May |       |       |       | $      |
| June |       |       |       | $      |
| July |       |       |       | $      |
| August |       |       |       | $      |
| September |       |       |       | $      |
| October |       |       |       | $      |
| November |       |       |       | $      |
| December |       |       |       | $      |
| **TOTAL:** |       |       |       | $      |

1 The number of times the guides led trips. If there are 2 guides on each trip and 5 trips, the total number of guides is 10.

**LANDINGS AND NUMBER OF TRIPS:** List each landing you utilized during the season, and the corresponding number of trips and visitors for each of those landings. Write only one landing for each line. Include all landings used regardless of who owns or maintains the facilities.

| **Name of Landing or Tract Number** | **Number of Visitors** | **Number of Trips** |
| --- | --- | --- |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**SCHEDULE OF POTENTIAL ADJUSTMENTS TO MANAGEMENT FEES:** There are several services, supplies or activities that are currently or may be undertaken in the future by a CUA Holder that demonstrates behavior or activity to improve visitor safety, experience, resource understanding, etc. As such, those activity(ies) or supply(ies) may be worthy of a reduction in Management Fees for the prior year. In these cases, the Superintendent is allowed under 36 CFR and the Commercial Services Guide (Version Oct 2018) to recognize additional items itemized on the Annual Report (Form 10-660) as “in-kind payment” toward their Management Fees[[4]](#footnote-4). Though itemizing these costs will not reduce the dollar amount listed on the in-park gross receipts line (Box 8 of Form 10-660), they can be used to adjust the total Management Fee owed to the National Park Service.

List all possible potential adjustments to management fees in the space below. Include any items not listed above for which your organization may receive credit.

| **Description of Adjustment Request** | **Name of Vendor** | **Total Cost** |
| --- | --- | --- |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

1. Trip is defined as a singular trip between the vendor’s office or operations center and a point within the park unit [↑](#footnote-ref-1)
2. Enter total gross receipts for the holder (applicant) for the most recent business year. This is the total gross receipts the company brought in, regardless of whether or not the gross receipts are a result of the service provided under this CUA. Enter the total amount in US dollars. Gross receipts will not be made public by the Service except in accordance with law. [↑](#footnote-ref-2)
3. Enter the portion of gross receipts that are a result of providing the service authorized under this CUA. Enter the total amount in US dollars. Gross receipts will not be made public by the Service except in accordance with law. [↑](#footnote-ref-3)
4. Management Fees are assessed in arears for the previous calendar year, but must be paid prior to issuance of the next year’s permit or February 15, whichever comes first. [↑](#footnote-ref-4)