

# APPLICATION FOR SPECIAL USE PERMIT COMMERCIAL FILMING/STILL PHOTOGRAPHY

National Park Service Statue of Liberty NM/ Ellis Island Liberty Island, NY 10004 646-356-2107 stli\_spu@nps.gov



Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$ 75.00 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 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)

Location So	chedule					
Date	Location	Start Time	End Time	Interior / Exterior	Activity (e.g., Set-up, Breakdown)	# of Cast and Crew*
* Number in	this column should include a	all individuals	nresent at t	the location		
Talent	ans column should include a	in maividuals	presental t	ine iocalion		
Talent comp	orises anyone in front of the cam perators, volunteers, National P				odels, hosts, correspondents, pres	enters, park
		ark Service ar	nu concessioi	iei staii, etc.		
	end to use talent? res, write a full description below	v of who they	are and how t	hey'll be used	d. Attach additional pages if necess	sary).
Equipmen	t					
	of equipment, backdrops, sets, peapons, animals, minors, nudity		additional paç	ges, if necessa	ary). Please note if any of the follo	wing will be
Electrical	Requirements					
	of electrical requirements (attac	h additional pa	ages, if neces	sary).		
L						
Generators						
Are you u	sing generators?	Quantity (	if using)		Size (if using)	
Yes						
☐ No						
Linki: - P						
	equirements sing lighting? Reflectors	only?	Descrir	otion of liah	ting requirements (attach add	ditional

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

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

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

# Road Use

koad 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		
			(				
Road Use Shots Driving Drive-by Towing Wet down roa Drive-ups and	l away explain):						
Camera Equipme Camera / equip	nt oment location (	check all that apply		Road shoulde Road median Other (explain			
Types of equipment (check all that apply)				Hand Dolly with trace Portable crane Tripod Arm footage Car mount Dolly Crane or jib a	е		

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## **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 (atta diagrams)	ach Special activities (attach additional pages, if necessary)
Involvement of Minor ☐ Yes (If yes, provide ☐ No	rs the information requested I	pelow)	
Quantity of minors	Age range		
□ No	the information requested I		
Type of livestock	Quantity of livestock M	anner of transportation	Staging/coral requirements
<b>Aircraft</b> NOTE: All aircraft use ov permit.	ver park lands should be listed.	Landings must be specifically r	equested and approved as a condition of your
Will aircraft be used	Yes, aircraft w ☐ No, aircraft wo	vill be used (If yes, explain) on't be used	
Explanation of use			
Special Effects	technics, etc. Attach additional	nages if necessary	
Description of spec effects to be used		pages,	
Effects technician's	name		
Technician phone			
Technician email			
License # (if applica	able)		
Permit # (if applicat	ole)		
Stunts			
Will stunts be used	? ☐ Yes, stunts wi ☐ No, stunts wo	Il be used (If yes, explain) n't be used	

Explanation of stunts	
Stunt coordinator's name	
Coordinator phone	
Coordinator email	
Other Hazardous Activities  Any other unusual or hazardous activities?  Yes (If yes, explain)  No	
Explanation of activities	
Activity Questions Have you visited the requested area?	☐ Yes ☐ No
When answering "Yes" to any of the following questions, provide additional information using additional pag	es, as necessary
Do you have, or are you applying for, a permit with another Federal, state or local agency for this activity?	☐ Yes ☐ No
Have you obtained a permit from the National Park Service in the past?	☐ Yes ☐ No
Have you ever been denied a permit or had a permit revoked by a Federal agency?	☐ Yes ☐ No
Are there any pending Federal investigation against you which involve a commercial filming activity?	☐ Yes ☐ No
Have you forfeited a bond or other security for photography on Federal lands?	☐ Yes ☐ No
Do you plan to advertise or issue a press release before the event?	☐ Yes ☐ No
Do you anticipate any security concerns? If yes, explain on an attached sheet	☐ Yes ☐ No
NOTE: You are encouraged to attach additional pages with information useful in evaluating your perstory boards or scripts, set construction, parking plan, security plans, sanitary facilities, crowd control, emeractivity, trail use, use of any building and site clean-up.	
Project Administration  Are you applying for this permit on behalf of another person or company?  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.	

# **Contacts**

Role	Name	Title	Telephone	Cell	Email address
Person on Location					

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

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.

## NOTICES

# **Important Notice to Applicant**

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. Payments can be Made through PAY.GOV (Search for Statue of Liberty NM- Ellis Island Special Use Permit Fee's) Click on continue to the form Accepted payment methods include Bank Account (ACH) PayPal account Dwolla Account and debit credit. Application Fee (\$75.00). Administrative charges (TBD) are nonrefundable. This completed application should be emailed to STLI\_SPU@GOV, faxed to 646-356-2229, or mailed to the National Park Service, Statue of Liberty, NM Liberty Island New York, NY 10004 Attention Paula Rosa—concessions Management Specialist.

NPS Form 10-932 (Rev. 08/2021) National Park Service OMB Control No. 1024-0026 Expiration Date 11/30/2023

If your request is approved, a permit containing applicable terms and conditions will be sent to 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: