



**ANNUAL REPORT
COMMERCIAL USE AUTHORIZATION
Yellowstone National Park**
Kim Flanagan, CUA Coordinator, 307-344-2320
Jim Lewis, CUA Coordinator, 307-344-2280



For Calendar Year: 2023

DUE BY: January 31, 2024

1. CUA INFORMATION:

CUA Number (CUAXX-XXX):
Services Provided: (As it appears on your authorization.)

2. CONTACT INFORMATION:

Owner Name:	Authorized Agent:
Legal Business Name:	Email (business):
Mailing Address (Street Address):	Email (contact person):
(City, State, Zip Code):	Fax:
Phone:	

VISITOR USE INFORMATION

3. VISITORS AND/OR TRIPS: *(Fields will be filled automatically after completing the Monthly Reporting Table below)*

Number of clients for whom you provided service within the park or served as a result of park-based operations over the past year:
Number of trips 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:
(Trips that use lodging outside of the park are considered day trips.)
Average number of nights per trip:
(If provided, use table below to report total visitor use numbers and additional details.)

5. MONTHLY REPORTING:

Enter monthly visitation for trips under this CUA in the table below.

Month	Number of Trips	Number of Clients	*Number of Guides*
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

* Enter the number of times guides led trips in the park. If there are 2 guides on each trip and 5 trips, the total number of guides is 10.



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6. What percentage of the service you provide takes place in the park or are park-dependent? The NPS defines park-dependent services as those commercial activities that are packaged and sold, marketed to include, or coincidentally include, entry into the park.

FINANCIAL INFORMATION

- 7. Enter the total gross receipts for your operation, whether those operations occurred inside or outside the park:
- 8. Enter the gross receipts you earned as a result of doing business authorized by the CUA (field will automatically calculate based on the answers to questions 6 & 7):

INJURY INFORMATION

- 9. 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

- 10. Our company plans to return next year. Our company does not plan to return.

11. **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



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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.

FORM INSTRUCTIONS

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

1. Enter the CUA number using the following format: CUAXX-XXX. Select the service you are authorized to provide from the drop-down list.
2. Enter the CUA contact information.
3. The answers to this question will auto-populate based on your entries for monthly reporting under question 5.
4. Enter the average number of hours or days a customer engaged in the service you provide spends in the park.
5. Enter the number of trips, clients, and guides that entered the park under this CUA for each month of the operating year.
6. Enter the percentage of your business that takes place inside the park or is dependent on park-based operations.
7. Enter total gross receipts for the holder (applicant) for the operating 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.
8. The answer to this question will auto-calculate based on your answers to questions 6 and 7. The answer to this question is found by multiplying total gross receipts reported in question 7 by the percentage of your business that takes place in the park or is dependent on park-based operations (question 6). Gross receipts will not be made public by the Service except in accordance with law.
Example: If your answer to question 6 is 50% and your answer to question 7 is \$10,000, then $.50 \times \$10000 = \5000 (\$5000 is the answer to question 8).
9. 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.
10. Check the box to indicate interest in applying for a CUA when this one expires.
11. Sign the form using an electronic signature. Click on the signature box at the bottom of the page and the form will walk you through the process to create an electronic signature.