



National Park Service
U.S. Department of the Interior

Yellowstone National Park
Concessions Office
P.O. Box 168
Yellowstone Park, WY 82190

Application for Day Hiking, Painting & Photography, Overnight Backcountry Trips,
Road-based Transportation, Motorized Boating, Non-motorized Boating, Skiing &
Snowshoeing, Biking, Stream & Shoreline Fishing, RV Appliance Repair, Locksmith,
Water Access

(307) 344-2671 phone
(307) 344-2279 fax

Commercial Use Authorization Application

Applications must be post-marked between the dates of October 1 to March 1

(Please type this fill-able form. Answer all questions completely and mark "N/A" if not applicable.)

1. **Using the list of services on the website, identify the specific type of commercial service for which you are applying:**

2. **Applicant (Legal Business Name(s))** _____

3. **What is your Business Type? (check applicable box and fill in any applicable blanks):**

Sole Proprietor

Corporation: (State: _____)

Non-Profit

Partnership/Association (Please print the names of each partner)

Name: _____

Name: _____

Other (Specify) _____

4. **Applicant Mailing Address:**

Summer Contact Info (Dates at this address _____)

Name and Title: _____

Address: _____

City, State, Zip: _____

Email: _____

Internet web site: _____

Day Phone: _____

Evening Phone: _____

Fax: _____

Winter Contact Info (Dates at this address _____)

Check here if same as above.

Name and Title: _____

Address: _____

City, State, Zip: _____

Email: _____

Internet web site: _____

Day Phone: _____ Evening Phone: _____

Fax: _____

5. **Employer Identification Number (EIN) of the Applicant:** _____

6. **State Business License Number:** _____ **Expiration Date:** _____

7. Insurance and Vehicles

Provide proof of insurance. The CUA operator must maintain General Liability insurance naming the United States of America, National Park Service as an **additional insured**. Minimum coverage amount is 1,000,000 per occurrence. Some activities will require increased coverage, see Park-Specific instruction. Auto Liability insurance is also required at a minimum coverage amounts described below.

Number of passengers	Minimum per Occurrence Liability Limits
Single Purpose Activities (includes the list of services on the website)	\$300,000
Up to 5 passengers	\$300,000
6 to 12 passengers	\$500,000
13 to 20 passengers	\$750,000
Over 21 passengers	\$1,500,000

8. Will your business operate vehicles (car, truck, van, bus, boats, et.) within NPS boundaries?

Yes No

If "yes", please give a description of each vehicle. Use additional paper if necessary. All vehicles are required to be registered and the operators are required to have the licenses to operate them commercially as required by law or regulation.

MAKE OF VEHICLE	MODEL	YEAR	MAX # PASSENGERS	OWN	LEASE

MAKE OF WATERCRAFT	MODEL	LENGTH	MAX # PASSENGERS	OWN	LEASE

9. NPS Employment

Are you, your spouse, or minor children employed with the National Park Service

Yes No If Yes, complete below:

Employee: _____

Title: _____

Park / Office where employed: _____

10. To your knowledge, have you, your company, or any current or proposed employees been convicted or fined for violations of State, Federal, or local law within the last 5 years? Are you, your company, or any current or proposed employees now under investigation for any violations of State, Federal, or local law or regulations? See instructions NO YES If "yes", please provide the following information. Attach additional pages if necessary.

- Date of violation or incident under investigation: _____
- Name of business or person(S) charged: _____
- Please identify the law or regulation violated or under investigation: _____

- Please identify the State, municipality, or Federal agency that initiated the charges: _____

- Additional Detail (optional) _____
- (Results) Action Taken by Court _____

11. Fee: Please include the Annual Application fee as outlined in the Park-Specific instructions.

12. Signature: False, fictitious or fraudulent statements of representations made in this application 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 1010). All information provided will be considered in reviewing this application. 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 to the best of my knowledge.

Signature

Date

Printed Name

Title

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 (16 USC 5966). 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 ability to offer the services requested and to notify the public what services you will offer. We estimate that it will take approximately 2.5 hours to prepare an application, including time to review instructions, gather and maintain data, and complete and review the proposal. 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. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, National Park Service, 1849 C Street NW, Mail Stop 2601, Washington, D.C. 20240.