OMB Control No. 1024-0268
Expiration Date: 11/15/2019

ANNUAL REPORT
COMMERCIAL USE AUTHORIZATION

(COMMERCIAL PASSENGER TRANSPORTATION)

YOSEMITE NATIONAL PARK

Park Contact: Gretchen Mominee or Ruth Middlecamp
Phone Number: 209-379-1854 or 1851

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 contact information for the holder and primary contact as written on the CUA.

2. Enter the service the holder is authorized to provide as it appears on the CUA.

3. Enter the number of clients (passengers) 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 spends in the park engaging in your service.

5. Check the box that best describes the level of importance the park plays in providing the commercial services authorized under this CUA.

6. Enter the percentage of time clients spend in the park when engaged in the commercial service authorized under this CUA.

   Example: If you spend four (4) hours in the park of a 12 hour day trip, then you spend 25% of the activity in the park.

7. 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.

8. 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.

   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.

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. Signature of business owner or authorized agent.

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YOSEMITE NATIONAL PARK
Park Contact: Gretchen Mominee or Ruth Middlecamp
Phone Number: 209-379-1854 or 1851

For Calendar Year: 2016

DUE BY: With 2017 CUA request

1. CONTACT INFORMATION:

Holder Name: Owner _____

Business Name (include DBA) _____

Mailing Address ☐ Winter ☐ Summer
(Street Address) _____

(City, State, Zip Code) _____

Phone ☐ Winter ☐ Summer _____

Contact Person (if different) _____

Email (business) _____

Email (contact person) _____

Fax ☐ Winter ☐ Summer _____

2. SERVICES PROVIDED: *(As it appears on your authorization.)*
Commercial Passenger Transportation Service

VISITOR USE INFORMATION

3. VISITORS AND/OR TRIPS:
Enter the number of clients (passengers) serviced within the park over the past year: _____
Enter the number of trips (if applicable) your company made to the park over the past year: _____

4. LENGTH OF STAY: *(If applicable)*
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: _____

(Use table below to report total visitor use numbers.)

Month	Number of Trips	Number of Visitors
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL:		

5. The park is:(Check all that apply)

☐ the **EXCLUSIVE** destination for your clients. (This means it is the only designation being offered on the trip, not including brief stops along the way. 100% of your trip is a result of your visiting the park.)

☐ a **KEY DESTINATION** or a **SIGNIFICANT LOCATION.** (This means it is one of several sites where your services are provided. Some percentage of your trip is a result of being in the park.)

6. What percentage of the service you provide is a result of visiting the park? _____

FINANCIAL INFORMATION

7. Enter the total gross receipts for your operation: _____

8. Enter the portion of the total gross receipts earned that resulting from visiting the park: _____
(See Instructions)

INJURY INFORMATION

9. Did any reportable injuries occur during your trips the 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 to the best of my knowledge.

_____ _____
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.