(NPS Form 10-931) (OMB No. 1024-0026) (NEW 10/00)

## National Park Service Capitol Reef National Park HC 70 Box 15 Torrey, UT 84775



## 435-425-4130 Application for Commercial Filming/Still Photography Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information**. Allow **AT LEAST** four (4) business days for processing. A non-refundable processing fee should accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges, a location fee, and proof of liability naming United States as also insured.

Applicant:				Company:		
Social Security #:				Tax ID#:		
Street/Address:				Street/Address:		
City/State/Zip Code:				City/State/Zip Code:		
Telephone #:				Telephone #:		
Cell phone #:				Cell phone #:		
Fax #:				Fax #:		
Email:			Em	Email:		
Project name:				Producer:		
Type of project:				otographer:		
Location manager:				Director:		
Telephone #:				Caterer:		
Cell pho	ne #:		Tel	Telephone # - set:		
	ULE BY LOCATI					
SCHED Date	ULE BY LOCATI	ON(S) (Includes fill Start Time	lming, parkin End Time	Type of Activity	Number of Cast	
					Number of Cast & Crew	
				Type of Activity		
				Type of Activity		
				Type of Activity		
				Type of Activity		
				Type of Activity		
				Type of Activity		
Date		Start Time	End Time	Type of Activity (e.g., film, prep, or strike)		

Vehicle Make and	Vehicle Make and Model		er
Use of Roads and/or Trail	s? (Y/N): Describe propose	ed use (attach additional	pages if necessary):
	ve you visited the requested area mit from the National Park Servi		∐Y ∐N ∏Y ∏N
(If yes, provide a	list of permit dates and location	s on a separate page.)	
Do you plan to advertise	or issue a press release before the	e event'?	□Y □N
information or false stater	we information given is complete ments have been given. All estin represent the applicant entity and	nates are reliable to the b	est of my knowledge and I
Signature:	Print Name: _		Date:
Title:	Company Na ***********	me:*************	******
be accompanied by an ar \$100.00 made payable to Application and administra	be used to determine whether a pplication fee in the form of a National Park Service. Creditative charges are non-refundable at the Park address found on the	cashiers check or mone it card payments are not e. <i>This completed appli</i>	ey order in the amount of t accepted at Capitol Reef. ication should be mailed to
request is approved, a per	ation only, and does not serve as mit containing applicable terms a ermit must be signed by the resp y the Park Superintendent.	and conditions will be se	ent to the person designated
*******	**********	*******	*****
	m is provided with the understand ount of the application fee as de		ert appropriate park names

List of vehicles including type and license plate number (attach additional pages if necessary):

**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**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 National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2465), Washington, D.C. 20240