

(NPS Form 10-931)
(OMB No. 1024-0026)
(NEW 10/00)
(Expires 3/31/2010)

National Park Service
National Capital Region
1100 Ohio Drive, SW, Room 128
Washington, DC 20242

Telephone: (202) 619-7225



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:	Email:
Project name:	Producer:
Type of project:	Photographer:
Location manager:	Director:
Telephone #:	Caterer:
Cell phone #:	Telephone # - set:

Summary of Activities and Scene(s) (attach additional pages if necessary):

SCHEDULE BY LOCATION(S) (Includes filming, parking and base camp):

Date	Location	Start Time	End Time	Type of Activity (e.g., film, prep, or strike)	Number of Cast & Crew

Description of Equipment/Props(attach additional pages if necessary):

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

Vehicle Make and Model

License Number

Use of Roads and/or Trails? (Y/N): _____ Describe proposed use (attach additional pages if necessary):

Are you familiar with/ have you visited the requested area?

Y N

Have you obtained a permit from the National Park Service in the past?

Y N

(If yes, provide a list of permit dates and locations on a separate page.)

Do you plan to advertise or issue a press release before the event?

Y N

I hereby state that the above information given is complete and correct and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant entity and the project described above.

Signature: _____ Print Name: _____ Date: _____

Title: _____ Company Name: _____

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$ 50.00 made payable to National Park Service. Credit card payments may be accepted at some parks. Application and administrative charges are non-refundable. *This completed application should be mailed to the Division of Park Programs at the address found on the first page of this application, or faxed to (202) 401-2430.*

Note that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

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

**NATIONAL PARK SERVICE
NATIONAL CAPITAL REGION
Division of Park Programs**

Credit Card Billing Information

Applicant: _____

Company (If applicable): _____

Name on Credit Card: _____

Card Holder Authorized Signature: _____

Credit Card Billing Address: _____

Telephone Number: _____

Amount to be billed to Credit Card:

Application Fee: \$ 50.00 **Location Fee:** \$ **Total:** \$

Credit Card Name & Number

◊ American Express: _____

◊ **Discover:** _____

◊ **Master Card:** _____

◊ Visa: _____

Expiration Date: _____

(For Agency Use Only)

Project Number/BILL: _____

Prepared By: _____ **Date Processed:** _____

Permit Number: _____

Organization/Name: _____

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Applicant: Social Security #: Street/Address: City/State/Zip Code: Telephone #: Cell phone #: Fax #: Email:	Company: Tax ID #: Street/Address: City/State/Zip Code: Telephone #: Cell phone #: Fax #: Email:
Project name: Type of project: Location manager: Telephone #: Cell phone #:	Producer: Photographer: Director: Caterer: Telephone # - set:

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**CONTINUATION SHEET
ITEM APPROVAL REQUEST LIST**

Name/Company Name	Order Number	Page <u>2</u> of <u>2</u>
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B. INSTRUCTIONS: Complete boxes B1, B2, and B3. We cannot "approve" incomplete listings. **NOTE:** "Pending" codes: "I"=Intermediate exists; "P"=no intermediate; "2"= requires written permission from donor, donor's representative, or copyright, or copyright holder's representative to reproduce.

**NATIONAL PARK SERVICE
NATIONAL CAPITAL REGION
Division of Park Programs**

Credit Card Billing Information

Applicant: _____

Company (If applicable): _____

Name on Credit Card: _____

Card Holder Authorized Signature: _____

Credit Card Billing Address: _____

For more information, contact the Office of the Vice President for Research and Economic Development at 515-294-6450 or research@iastate.edu.

Digitized by srujanika@gmail.com

Telephone Number: _____

Amount to be billed to Credit Card:

Application Fee: \$ 50.00 **Location Fee:** \$ _____ **Total:** \$ _____

Credit Card Name & Number

◊ American Express: _____

◊ **Discover:** _____

◊ **Master Card:**

Expiration Date: _____

11. *What is the primary purpose of the following statement?*

Organization/Name: _____

National Park Service
U.S. Department of the Interior



Vietnam Veterans Memorial National Memorial Permits

National Mall and Memorial Parks is a unique and bustling park visited by over 25 million visitors per year and issuing approximately 3000 permits per year. As such a permit is required for many activities to assure that various activities will not conflict with each other or with general visitor activities. Specific areas within the individual memorials are considered restricted space. For more information please contact the Park Programs office at 202.619.7225.



Did You Know?

Eleanor Roosevelt twice came to Daytona Beach, Florida, as the guest of Mary McLeod Bethune. She stayed in Mrs. Bethune's home on the campus of the Bethune-Cookman College.

Last Updated: September 29, 2008 at 16:56 EST