

**National Park Service
Application for Special Use 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 may be required to 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. (Note: there may be additional fees charged, and you **may** be required to provide proof of liability insurance.)

Applicant Name:	Organization Name:
Social Security #:	TaxID #
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax#:	Fax#:

Description of Proposed Activity (attach diagram):

Requested Location:

Date (s):

Event set up will begin	Event will begin	Event will end	Removal will be done:

Maximum Number of Participants _____ (Please provide best estimate)

Maximum Number of Vehicles _____ (attach parking plan)

Support Equipment (list all equipment)

Support Personnel (contractors, etc. including addresses and telephones)

Individual in charge of event on site (include address, telephone and cell phone numbers):

Is this an exercise of First Amendment Rights?	Y	N
Are you familiar with/ have you visited the requested area?	Y	N
Do you plan to advertise or issue a press release?	Y	N
Will you distribute printed material?	Y	N
Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?(if yes explain on separate sheet)	Y	N

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature _____ Date _____

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 \$____.00 made payable to **National Park Service**. Application and administrative charges are non-refundable. *This completed application should be mailed to Park address information.*

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

The above application form is provided with the understanding that parks will insert appropriate park names and addresses and the amount of the application fee as desired.

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 (2460), Washington, D.C. 20240

National Park Service Application for Special Use 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 may be required to 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. (Note: there may be additional fees charged, and you **may** be required to provide proof of liability insurance.)

Applicant Name: John Kwietniak	Organization Name: Tesoro Alaska Company
Social Security #: [REDACTED]	Tax ID #: [REDACTED]
Street/Address: 54741 Tesoro Rd.	Street/Address: 54741 Tesoro Rd.
City/State/Zip Code: Kenai, AK 99611	City/State/Zip Code: Kenai, AK 99611
Telephone #: (907) 776-3569	Telephone #: (907) 776-8191
Cell phone #: [REDACTED]	Cell phone #: [REDACTED]
Fax #: (907) 776-3812	Fax #: (907) 555-1212

Description of Proposed Activity (attach diagram):

Oil spill recovery activities

Requested Location:

Katmai National Park and Preserve, possibly Lake Clark National Park

Date (s):

Event set up will begin	Event will begin	Event will end	Removal will be done:
4/15/05	4/15/05	9/1/05	9/1/05

Maximum Number of Participants **200** (Please provide best estimate)

Maximum Number of Vehicles **12** (attach parking plan)

Support Equipment (list all equipment)

float planes, skiffs and boats, ATVs, cranes and pumps

Support Personnel (contractors, etc. including addresses and telephones)

**Nuka Research and Planning Group PO Box 273 Seldovia, AK 99663 (907)234-7821
Northern Air Cargo, Inc. PO Box 3142 Homer, AK 99603 (907)235-4336**

Individual in charge of event on site (include address, telephone and cell phone numbers):

**Mark DeVries 510 C Street, Ste. 100 Anchorage, AK 99501
271-6700 cell (907)440-9753**

- Is this an exercise of First Amendment Rights? Y N
- Are you familiar with/ have you visited the requested area? Y N
- Do you plan to advertise or issue a press release? Y N
- Will you distribute printed material? Y N
- Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?(if yes explain on separate sheet) Y N

More Information on this Form

When do you need this form?

When oils spill recovery activities will take place within a National Park.

Who fills out this form?

An appropriate permitter with the responsible party.

Who signs this form?

The Incident Commander .

Where does this form get delivered?

National Park Service
Alaska Regional Office
240 West 5th Ave.
Anchorage, AK 99501