



APPLICATION FOR SPECIAL USE PERMIT
Vehicle / Watercraft Use



George Washington Memorial Parkway
700 George Washington Memorial Parkway
McLean Virginia 22101
(703)-419-6435

Type of Permit

- Off-road vehicle
- Commercial vehicle access
- Snowmobile
- Vehicle parking
- Watercraft

Applicant Information

| | |
|---|--|
| Applicant Name | |
| Telephone | |
| Cell | |
| Company | |
| Address (Street/PO box, city, state, zip code) | |
| Year-round Resident? (Yes or no) | |
| Social Security Number or Tax ID # | |
| Driver's License Number (DLN) | |
| DLN Issuing State | |
| DLN Expiration Date | |
| Email Address | |
| Emergency Contact Name | |
| Emergency Contact Phone # | |

Additional Drivers

Limit of 4 drivers, attach additional pages if necessary

| Name | Driver's License Number | Issuing State | Expiration Date |
|-------------|--------------------------------|----------------------|------------------------|
| | | | |
| | | | |



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Type of Vehicle

- Passenger car
- Van / light truck
- Utility van / truck
- RV / camper / trailer
- Bus
- Snowmobile
- ATV / UTV
- Semi / 18-wheeler
- Oversized load
- Watercraft

4-wheel drive vehicle?

- Yes No

Is your vehicle required to undergo state inspections?

- Yes No

If yes, what is the expiration date?

Vehicle Information

Skip fields irrelevant to your vehicle

| | |
|---|---|
| Vehicle ID Number (VIN) | |
| License Plate / Registration # | |
| Issuing State | |
| Expiration Date | |
| Year | |
| Make | |
| Model | |
| Color | |
| Weight | |
| Length | |
| Height | |
| Axels | |
| Watercraft Motor(s) | <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard |
| Number of Watercraft Motors | |
| Watercraft Motor Horsepower (Each) | |

Vehicle Insurance

| | |
|--|--|
| Company Name | |
| Policy Number (attach copy of valid insurance card) | |

Permit Request Details

| | |
|------------------------------------|---|
| Permit Duration | <input type="checkbox"/> Seven day <input type="checkbox"/> Annual <input type="checkbox"/> Day use <input type="checkbox"/> Overnight <input type="checkbox"/> Other (please specify): |
| Start Date | |
| Requested Use Area or Route | |

Business Information (if applicable)

| | |
|--------------------------------|---|
| Business Name | |
| Select Type of Business | <input type="checkbox"/> Contractor <input type="checkbox"/> Sanitation / refuse <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Delivery <input type="checkbox"/> Transportation (bus, taxi, etc.) <input type="checkbox"/> Public Utility <input type="checkbox"/> Municipal <input type="checkbox"/> Other (please specify): |



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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.

| | |
|------------------|--|
| Name | |
| Date | |
| Signature | |

NOTICES

This is an application **only** and does not serve as permission to conduct any special activity in the park. The information provided will be used to determine whether a permit will be issued. Send the completed application to peter_mccallum@nps.gov and a permit number will be assigned. The application fee may be completed in the form of a Pay.gov transaction looking under George Washington Memorial Parkway Special Use Permit Fees RM once assigned.

If your request is approved, a permit containing applicable terms and conditions will be sent you. The permit must be signed by the responsible person and returned to the park for final approval by the Park Superintendent before the permitted activity may begin.

Customers Making Payment by Personal Check

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Privacy Act Statement

Authority: The authority to collect information on the attached form is derived from 54 U.S.C. 100101.

Purpose: The purposes of the system are (1) to provide a park superintendent with information to approve or deny requests for activities that provide a benefit to an individual, group or organization, rather than the public at large; and (2) to assist park staff to manage the activity to ensure that the permitted activity does not interfere with the enjoyment of the park by visitors and that the natural and cultural resources of the park are protected.

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: Voluntary, however, failure to provide the requested information may impede individual from obtaining a permit from the National Park Service.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): Your Social Security Number (SSN) is needed to identify records unique to you. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service. Failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting your SSN is 54 U.S.C.103104. The information gathered through the use of the SSN will be used only as necessary for processing this application and collecting and reporting any delinquent financial obligations. Use of the social security number will be carried out in accordance with established regulations and published notices of system of records.

Paperwork Reduction Act Statement

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Estimated Burden Statement

Public reporting burden for this form is estimated to average 15 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 Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive Reston, Virginia 20192. Please do not send your form to this address.

INTERNAL AGENCY USE ONLY

| INTERNAL AGENCY USE ONLY |
|---------------------------------|
| Project Number/BILL: |
| Date Processed: |
| Permit Number: |
| Prepared By: |
| Organization Name: |