**Please read this entire document prior to completing the application.  Include the nonrefundable application fee when submitting this application.**

1. Enter the service you are proposing to provide.  These are the services which are currently approved in **Olympic National Park:**

 Cost

* **Guided Interpretive Bicycle Tour $100.00**
* **Guided Interpretive Day Hiking $100.00**
* **Guided Fishing Fly/Spinning   $100.00**
* **Guided Mountaineering/Climbing $100.00**
* **Guided Still Photography $100.00**
* **Guided Interpretive Ski/Snowshoe Tours $100.00**
* **Guided Interpretive Kayak/Canoe/Paddle Board $100.00**
* **Guided Interpretive Backcountry Skiing $100.00**
* **Guided Interpretive Backpacking $100.00**
* **Interpretive Van Tours $100.00**
* **Transportation/Shuttle $100.00**
* **Horse/Mule/Llama Drop Camp $100.00**
* **Outdoor Skills Education $100.00**
* **Firewood Sales $100.00**

**\*\*** M**ultiply the number of each activities box checked by $100.00 to determine the amount of CUA fees that are required. Payment to be submitted via PAY.GOV only. \*\***

**\*\* Applications and required documentation must be submitted via email at:**  **olym\_cua\_admin@nps.gov** **\*\***

**Read all application instructions (at the end of this application) as well as all conditions of the authorization before completing and submitting the application.** Some parks have additional requirements for businesses that offer services to visitors relating to the safety and welfare of the visitors and protection of the resources.  These requirements may include applicable operating licenses, certificates showing proof of training, operating plans, emergency response plans, group size limitations, etc.

# Read all application instructions (at the end of this application) as well as all conditions of the authorization before completing and submitting the application. Some parks have additional requirements for businesses that offer services to visitors relating to the safety and welfare of the visitors and protection of the resources. These requirements may include applicable operating licenses, certificates showing proof of training, operating plans, emergency response plans, group size limitations, etc.

**1.** Service for which you are applying:*[attach diagram, attach additional pages, if necessary, include locations within the park, frequency, estimated number of participants (per trip and annually), number of vehicles, support equipment (trailers, generators, etc.)]*

**2.** Will you be providing this service in more than one park? **Yes** [ ]  **No X**[ ]  *If “Yes”, list all parks and services provided.*

**3.** Applicant’s Legal Business Name:[*Include any additional names (DBA) under which you will operate.]*

The Mountaineers

**4. Owner and** Authorized Agents:*(Give the name(s) of the owners and name(s) of the persons designated as Authorized Agents for your business. Authorized Agents have the power to sign on your behalf.)*

Becca Polglase, Director of Programs & Operations; Tom Vogl, CEO

**5.** Mailing Addresses

 **PRIMARY CONTACT INFORMATION** *(Dates to contact you at this address, if seasonal.      )*

 Address: 7700 Sand Point Way NE

 City, State, Zip: Seattle, WA 98115

 Email: info@mountaineers.org Website: www.mountaineers.org

 Day Phone: 206-521-6000 Evening Phone:       Fax:

**ALTERNATE CONTACT INFORMATION** *(Dates to contact you at this address, if seasonal.      )*

*If same as “Primary Contact Information, check here X[ ]  and go to question 6.*

Address:

City, State, Zip:

Email:

Website:

Day Phone:       Evening Phone:       Fax:

**6.** What is your Business Type? *(Please check one below)*

[ ]  Sole Proprietor

[ ]  Partnership *(Print the names of each partner. If there are more than two partners, please attach a complete list of their names.)*

 Name:

 Name:

[ ]  Limited Liability Company

[ ]  Corporation

X [ ]  Non-Profit *(Please attach a copy of your IRS Ruling or Determination Letter)*

[ ]  Other

**7.** Business License – State and Number: WA, #603027424 Expiration Date: June 30, 2024

**8.** Employer Identification Number (EIN)**:** 27-3009280

**9.** Liability Insurance**:**

 Provide proof of liability insurance. We recommend obtaining an Acord form from your insurance provider. The CUA operator must maintain General Liability insurance naming the United States of America as additional insured. Minimum coverage amount is $500,000 per occurrence. Some activities will require increased coverage or other types of liability insurance; see Park-Specific CUA Insurance Requirements (“Attachment A”).

1. Will your business operate vehicles/vessels/aircraft within NPS boundaries?

Yes [ ]  No X [ ]

*Information for vehicles/vessels/aircraft chartered from and operated by another company is NOT required. If “Yes,” please give a description of each vehicle. Use additional paper, if necessary.*

| **Make/Model of Vehicle** | **Year** | **Max # Passenger Capacity** | **Own/Rent/Lease** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

| **Make/Model of Vessel** | **Registration # or****USCG Documentation** | **Length** | **Max # Passenger Capacity** | **Own/Rent/Lease** |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**11. Additionally Required Documentation:**

 Parks may require proof of licenses, registrations and certificates, etc. Provide copies of additionally required documentation identified in “Attachment B”.

**12. DOI Employment:**

 Are you, your spouse, or minor children employed within the U.S. Department of the Interior?

Yes [ ]  No X [ ]  If “Yes”, please provide information below:

Employee Name:       Title:

Bureau or Office where employed:

If you selected yes, to 12., please contact your servicing ethics office for further guidance prior to submitting this form. A list of servicing ethics offices can be found at, https://www.doi.gov/ethics.

**13. Violations:** To your knowledge, have you, your company, or any current or proposed employees been convicted or fined for violations of State, Federal, or local law within the last 5 years? Are you, your company, or any current or proposed employees now under investigation for any violations of State, Federal, or local law or regulation? See instructions.

 Yes [ ]  No X [ ]  *If “Yes”, please provide the following information. Attach additional pages, if necessary.*

 Date of violation or incident under investigation:

 Name of business or person(s) charged:

 Please identify the law or regulation violated or under investigation:

Please identify the State, municipality, or Federal agency that initiated the charges:

Additional Detail (optional):

(Results) Action Taken by Court:

**14.** **Fee:** Please include the Application Fee as outlined in Attachment B.

1. **Signature:**

False, fictitious or fraudulent statements of representations made in this application 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). All information provided will be considered in reviewing this application. 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.*

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 USC 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 ability to offer the services requested and to notify the public what services you will offer. 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. OMB has assigned control number 1024-0268 to this collection.

**Estimated Burden Statement**

We estimate that it will take approximately 2.5 hours to prepare an application, including time to review instructions, gather and maintain data, and complete and review the proposal. 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, Reston, VA 20192. Please do not send your completed form to this address; but rather to the email address at the top of the form.

The following explanations correspond directly with the numbered items on the Application Form. Please read this entire document prior to completing the application. Include the nonrefundable application fee when submitting this application.

**COMMERCIAL USE AUTHORIZATION APPLICATION INSTRUCTIONS**

1. Enter the service you are proposing to provide. These are the services which are currently approved in the park:

**See List of approved services on page 1 and mark services there.**

If the service you are proposing to provide is not a currently approved service listed above, contact the park CUA office at the number above.

1. Respond “No” or list other parks where you will be providing this service.
2. Enter the legal name of your business. If you have a secondary name under which you are doing business (d.b.a.), please enter that name also.
3. Give the name(s) of owners and name(s) of persons designated as Authorized Agents for your business. Authorized Agents have the power to sign on your behalf.
4. Provide contact information for both the main season and the off-season. Your contact information may also be published in the NPS Commercial Services Directory.
5. Check the box that identifies your type of business.
6. If the state in which you operate or the state where your business is domiciled requires a state business license, provide the state, license number and year of expiration.
7. Provide your Employer Identification Number (EIN). The Debt Collection Improvement Act of 1996 requires us to collect an EIN or Social Security Number (SSN). The NPS will not collect SSNs, only EINs. The EIN is issued by the Internal Revenue Service. You may receive a free EIN at [http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/How-to-Apply-for-an-EIN](http://www.irs.gov/Businesses/Small-Businesses-%26-Self-Employed/How-to-Apply-for-an-EIN). We will use the EIN that you provide as needed to collect debts.
8. Provide proof of General Liability Insurance naming the United States of America, as additional insured in the amounts designated in the application. Provide proof of vehicle/vessel/aircraft liability insurance if you own, rent, or lease vehicles/vessels/aircraft and transport visitors by those means or if those owned, rented, or leased vehicle/vessel/aircraft are engaged in providing the service (i.e., hauling horses used in the activity). Insurance companies must be rated at least A- by the most recent edition of A.M. Best’s Key Insurance Reports (Property-Casualty edition) or similar insurance rating companies (Moody’s, Standard and Poor’s, or Fitch). You may be subject to additional insurance requirements. Refer to “Attachment A”.
9. Provide a description of each owned, rented, or leased vehicle/vessel/aircraft you will utilize during the course of the proposed commercial service. Information for vehicles/vessels/aircraft chartered from and operated by another company is not required.
10. Provide copies of additional documentation as required by “Attachment B”.
11. Indicate if you, your spouse, or parent (if you are a minor child) is employed by the U.S. Department of the Interior (Department). Departmental ethics regulations at 5 C.F.R. § 3501.103(c) prohibit Department employees, their spouses, and minor children, from acquiring or retaining permits, leases, and other rights in Federal lands granted by the Department. This prohibition includes any commercial use authorization to conduct commercial activities or services on Department property.
12. Provide details if your business or business owners or current employees or proposed employees have been convicted or are currently under charges for violation of State, Federal, or local law or regulation in the last 5 years. Do not include minor traffic tickets.
13. Include payment of the Application Fee - $100.00 for each CUA. See “Attachment ” B.
14. Please sign and date your application. If the person SIGNING this application is an Authorized Agent for the business, proof of signing authority must accompany this application.

Attachment A: Insurance Requirements

Attachment B: List of Approved Services, Additionally Required Documentation, and Fee Information

**Additional Information:** The National Park Service has terms and conditions on all commercial service agreements. The following terms and conditions will apply to all Commercial Use Authorizations. There may be additional terms and conditions based on the services provided. These may include but are not limited to limits on locations, times, group size, and employee licenses and certifications and providing such information to the park superintendent for approval.

## CONDITIONS OF THIS AUTHORIZATION

1. False Information: The holder is prohibited from knowingly giving false information. To do so will be considered a breach of conditions and be grounds for revocation: [RE: 36 CFR 2.32(a) (3)].
2. Legal Compliance: The holder shall exercise this privilege subject to the supervision of the area Superintendent. The holder shall comply with all applicable laws and regulations of the area and terms and conditions of the authorization. The holder must acquire all permits or licenses of State or local government, as applicable, necessary to provide the services described above, and, must operate in compliance with all applicable Federal, State, and local laws and regulations, including, without limitation, all applicable park area policies, procedures and regulations. All vehicles/vessels/aircraft are required to be registered and the operators are required to have the proper licenses to operate them commercially, as required by law or regulation.
3. **Employee Conduct:** The holder must ensure that its employees are hospitable and exercise courtesy and consideration in their relations with the public. The holder must establish appropriate screening, hiring, training, safety, employment, termination and other policies and procedures. The holder must review the conduct of any of its employees whose action or activities are considered by the holder or the Director to be inconsistent with the proper administration of the Area and enjoyment and protection of visitors and must take such actions as are necessary to correct the situation. The holder must maintain, to the greatest extent possible, a drug free work environment.
4. Rates: The holder shall provide commercial services under this authorization to visitors at reasonable rates satisfactory to the area Superintendent.
5. **Operating Conditions:** The holder shall provide the authorized commercial services to visitors under operating conditions satisfactory to the area Superintendent.
6. Liabilities and Claims: This authorization is issued upon the express condition that the United States, its agents and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury, injuries, or death to any person or persons or property of any kind whatsoever, whether to the person or property of the holder, its agents or employees, or third parties, from any cause or causes whatsoever while in or upon said premises or any part thereof during the term of this authorization or occasioned by any occupancy or use of said premises or any activity carried on by the holder in connection herewith, and the holder hereby covenants and agrees to indemnify, defend, save and hold harmless the United States, its agents, and employees from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same.
7. Insurance: Holder agrees to carry general liability insurance against claims occasioned by the action or omissions of the holder, its agents and employees in carrying out activities and operations under this authorization. The policy shall name the United States of America as additional insured. Holder agrees to have on file with the park copies of the above insurance with the proper endorsements.
8. CUA Fees: At a minimum, the holder shall reimburse the park for all costs incurred by the park as a result of accepting and processing the application and managing and monitoring the authorized activity. Administrative costs for the application process must be paid when the application is submitted. Monitoring fees and any additional costs incurred by the park to support the commercial activity will be paid annually or on a more frequent basis as determined by mutual agreement between the Holder and the area Superintendent.
9. Benefit: No member of, or delegate to, Congress, or Resident Commissioner shall be admitted to any share or part of this authorization or to any benefit that may arise from this authorization. This restriction shall not be construed to extend to this Contract if made with a corporation or company for its general benefit.
10. Transfer: This authorization may not be transferred or assigned without the written consent of the area Superintendent.
11. Termination: This authorization may be terminated upon breach of any of the conditions herein or at the discretion of the area Superintendent.
12. Preference or Exclusivity: The holder is not entitled to any preference to renewal of this authorization except to the extent otherwise expressly provided by law. This authorization is not exclusive and is not a concession contract.
13. Construction: The holder shall not construct any structures, fixtures or improvements in the park area. The holder shall not engage in any groundbreaking activities without the express, written approval of the area Superintendent.
14. Reporting: The holder must submit annually the CUA Annual Report (NPS Form 10-660) by January 31 for the prior CUA season and also must submit upon request the CUA Monthly Report (NPS Form 10-660A). The holder is to provide the area Superintendent upon request any other specific information related to the holder’s operations that the area Superintendent may request, including but not limited to, visitor use statistics, and resource impact assessments.
15. Accounting: The holder is to maintain an accounting system under which its accounts can be readily identified within its system of accounts classification. This accounting system must be capable of providing the information required by this authorization. The holder grants the United States of America access to its books and records at any time for the purpose of determining compliance with the terms and conditions of this authorization.
16. Visitor Acknowledgment of Risks (VAR): The holder is not permitted to require clients sign a waiver of liability statement or form, insurance disclaimer, and/or indemnification agreement waiving the client’s right to hold the CUA holder responsible for accidents or injury occurring on NPS property. The holder is permitted to request or require a client to sign a form or statement acknowledging risk and/or indicating that certain prerequisite skills may be needed to participate in the commercial activity. The holder must provide the park with the current copy of all forms and/or statements used for this purpose and obtain written approval by the park to use the form and/or statement. A sample Acknowledgment of Risk form may be obtained by contacting the CUA office at olym\_cua\_admin@nps.gov or by going to the park CUA webpage at [Do Business With Us - Olympic National Park (U.S. National Park Service) (nps.gov)](https://www.nps.gov/olym/getinvolved/dobusinesswithus.htm)
17. Intellectual Property of the National Park Service: Except with the written authorization of the Director of the National Park Service, the Holder shall not assert any legal claim that the Holder or any related entity holds a trademark, tradename, servicemark or other ownership interest in the words "National Park Service", the initials "NPS", or official name of any unit or part thereof, including but not limited to any facility, logo, distinctive natural, archaeological, cultural, or historic site, within the National Park System, or any colorable likeness thereof, or the likeness of a National Park Service official uniform, badge, logo, or insignia.
18. Nondiscrimination**:** The holder must comply with Applicable Laws relating to nondiscrimination in providing visitor services to the public and with all equal employment opportunity provisions of Title VII of the Civil Rights Act, as amended.
19. **Notification of Employee Rights:** The holder must comply with all provisions of Executive Order 13496 of January 30, 2009, (Notification of Employee Rights Under Federal Labor Laws) and its implementing regulations, including the applicable contract clause, codified at 29 CFR part 471, appendix A to subpart A, all of which are incorporated by reference into this authorization as if fully set forth in this authorization.

## SPECIAL PARK CONDITIONS

COMMERCIAL USE AUTHORIZATION

**OLYMPIC NATIONAL PARK**

**COMMERCIAL USE AUTHORIZATION**

**SPECIAL PARK CONDITIONS**

THESE CONDITIONS ARE APPLICABLE TO ALL AUTHORIZED ACTIVITIES and AREAS LISTED ON THIS AUTHORIZATION.

1. **Permits/Licenses –** The holder must obtain all permits or licenses of State or local governments, as applicable, necessary to conduct the business activities specified above and must operate in compliance with all pertinent Federal, State, and local laws and regulations.

1. **Violations –** Violation of park regulations or the terms of this permit may result in the suspension of privileges granted by this permit and could lead to citations, fines, and/or the revocation or suspension of this and future CUA’s.

1. **Employee/Agent Responsibility –** The holder shall insure that all company employees and vehicle operators entering the park are informed of the conditions of this authorization. (The holder may be cited for any authorization violations committed by their employee and/or agent.) **A copy of the entire Commercial Use Authorization (CUA) must be present and accessible at all times while conducting business in the park. A digital copy may only be used if it is stored on a tablet device with a screen size of at least 7 inches.**

1. **Vehicle Markings** – All vehicles must display company information that meets the following minimum requirements:

a. Company name.

b. Number issued by the Federal Motor Carrier Safety Administration (FMCSA) if applicable.

c. Markings must appear on both sides of the vehicle.

d. The letters must contrast sharply in color with the background on which the letters are placed.

e. Markings must be legible, during daylight hours, from a distance of 50 feet when the vehicle is stationary.

1. **Business Operations** – This authorization does not authorize the permittee to advertise, solicit business, collect any fees, or sell any goods or services on lands owned and controlled by the United States. The Authorization is for incidental business operations when there are no fixed commercial facilities within a national park area, the commercial activity originates and terminates outside the park, no money changes hands on park lands and no commercial solicitation occurs on park lands.

1. **Operating Plan –** The holder will provide the Superintendent with an Operating Plan for approval, which will include:

1. Description of proposed services to be provided;
2. Copies of advertising brochures or other handouts describing trips in the park;
3. Detailed itineraries for each planned trip showing their beginning and ending dates, routes with trailhead entries and exits, group sizes, and camping locations;
4. Season of main period(s) of operation;
5. Description of motorized equipment, watercraft, or stock use (if any);
6. Environmental information provided to clients;
7. Sanitation precautions/procedures that apply to your service;
8. Risk Management and or Safety Plan for park activities to be filed with Superintendent;
9. The holder will provide the Superintendent with a list of paid and unpaid staff working in the park.
10. The holder will provide the Superintendent with a list of all medical and food handler certifications held by paid and unpaid staff working in the park. Staff members will carry certifications on their person while working in the park.

1. **Damages** – The permittee will leave the area(s) authorized for use under this permit in substantially the same condition as it was prior to the activities authorized herein. The permittee shall pay the United States for any damage resulting from this use which would not reasonably be inherent in the use which the permittee is authorized to make of the land described in this authorization.

1. **Equal Employment Opportunity/Nondiscrimination** – The permittee will comply with all provisions of Executive Order No. 11246 of September 24, 1965, as amended by Executive Order No. 11375 of October 13, 1967, and of the rules, regulations, and relevant orders of the Secretary of Labor.

1. **CUA Annual Report (NPS form 10-660)–** Within sixty (60) days after the end of each year or at the end of your business season, the holder shall submit an annual report that summarizes total in-park visitor use and includes gross revenues for the year. For the purpose of this authorization, gross revenues are defined as “the total amount received, realized by, or accruing to the business operator for all sales of goods and services provided by the business operator for payment by cash, barter, or credit pursuant to the privileges granted by the authorization. This includes income from the subsidiary or other operation located outside of lands administered by the National Park Service to the extent that they support operations authorized by the authorization. **A new CUA will not be issued to prior-year CUA holders until a complete and accurate Annual Report has been submitted for the prior year.** The CUA Annual Report (NPS form 10-660) is available on the park’s CUA website.

1. **Closures/Cancellations –** In the event of park closures or temporary delays this authorization does not grant the holder or clients any special privileges for entry into the park. Park staff may not be approached in the park for additional information regarding closures while performing their duties. The National Park Service reserves the right to:
2. Limit the operation of authorization holders in specific areas or during specific time periods
3. Schedule use of or close any trail, road, or other areas of attraction
4. Information about closures can be found at: <https://www.nps.gov/olym/planyourvisit/conditions.htm>

1. **Leaders/Guides** – Leaders/Guides are defined as any person paid or unpaid representing the holder during activities conducted in the park. Each group must have one person identified as the group or trip leader who will remain with the group at all times. If the party is divided into more than one group, each group will have a trip leader. The trip leader will inform the group of all park rules and regulations and has responsibility for the group. Guides must wear company clothing and/or nametags to be identifiable.

1. **Orientation** – The trip leader must provide an orientation to clients. The orientation must include basic hiking etiquette (e.g., passing other hikers), Leave No Trace principles, a resource message explaining human impacts, park rules and regulations, safety procedures, litter, human waste, and emergencies. Each participant should be supplied with a map of the park area.

1. **Monitoring –** The permittee is subject to monitoring of their activities by NPS personnel to ensure compliance with the terms of this agreement, federal laws, rules, requirements, policies, park regulations, and any park-specific management plans. Vehicle, operator, license, and authorization compliance inspections may occur at any time by National Park Service personnel.

1. **Reporting Accidents** – An accident resulting in personal injury, death, or property damage shall be reported to the Superintendent as soon as possible, and no later than 24 hours after the occurrence. [36 CFR 2.33, 3.4, 4.4] All motor vehicle accidents resulting in injury, personal/government property damage, or injury to park wildlife or resources must be reported to park law enforcement immediately by dialing (360-565-3115). Commercial operators must remain on the scene until the arrival of law enforcement officers. Each group must carry a first aid kit.

1. **Violation Reporting** – If the guide, driver, owner, company, or any other affiliated employee associated with the tour receives a citation for violating CUA conditions in the park, this citation must be reported to the Commercial Services office as soon as possible—no later than 24 hours after occurrence—at olym\_cua\_admin@nps.gov. Visit https://www.nps.gov/olym/getinvolved/dobusinesswithus.htm to review the CUA Suspension, Restriction, Revocation, and Application Denial Policy for Olympic National Park.

1. **Allocation** – The National Park Service will retain the option to establish user allocation in future years in the event that the volume of use may increase to levels where specific controls or use limits must be imposed.

1. **Exclusive Use** – The CUA holder may not reserve or attempt to exclude park visitors from any area of the park.

1. **CUA Use** – Only one CUA may be used for each guided tour when entering the park and for permitted incidental activities.

1. **Rescues & Emergencies** – The permittee shall notify the nearest National Park Service contact station or uniformed employee of an emergency or for lost or missing clients. The holder is responsible for providing their clients with the necessary information to locate or contact their group if they become delayed or separated. Commercial operators may not abandon their clients in the park and are solely responsible for making arrangements for their clients to rejoin and without unnecessary delay. While self-rescue is encouraged in cases where no additional resources are needed, the National Park Service retains the authority to make the determination to employ additional resources when the situation warrants. To report rescues or emergencies call (360-563-3115).

1. **Trails & Walkways -**The CUA holder will ensure that all clients on their trip minimize impact while camping and traveling.  The holder will educate its staff and clients about vulnerable subalpine and alpine plant communities in Olympic National Park and will include an outline of this “environmental education” curriculum in its Operating Plan submitted with the CUA application.  Clients must travel and congregate on durable surfaces (dirt, gravel, rock, snow, forest duff, sedges and grasses); group members traveling off trails must spread themselves out to disperse impacts while hiking on vegetation and where possible, avoid walking on heather and huckleberry.  Groups should make every effort to plan to camp where they know unvegetated camps exist.  Groups must situate tent sites and common areas for gathering and cooking on bare ground (unvegetated surfaces such as dirt, gravel, rock, snow, or forest duff) or on resilient vegetation such as sedges or grasses if bare ground is not available.  Individuals must travel between tent sites and these common areas on durable surfaces.  Camping on meadows of heather (genus Phyllodoce), huckleberry (genus Vaccinium), Partridge Foot (Leutkea pectinata), lilies (genus Erythronium), Sitka Valerian (Valeriana sitchensis), or other fragile vegetation is prohibited.

1. **Food and Trash** – All garbage, including food scraps and cigarette butts, must be removed from park areas. Feeding wildlife is prohibited, as it poses risks to both humans and wildlife. Guides must collect all trash generated on the tour and dispose of it outside the park.

1. **Area Use -** The area(s) authorized for use under this authorization must be left in substantially the same condition as it was prior to the activities authorized herein.  The holder will be liable for any damages to property of the United States resulting from the activities authorized hereunder.  The CUA does not authorize priority use of park areas.  The holder is prohibited from blocking access or impeding the flow of traffic along any roads, trails, walkways, or any National Parks Service (NPS) or concessioner facilities.

1. **Public Health -** To ensure minimum standards for public health are maintained in the wilderness (backcountry) where front country standards are not achievable, the holder conducting backpacking trips is “required” to comply with the guidelines of the U.S. Public Health Service (USPHS) for Food, Potable Water, Human Waste, Vector-Borne and Zoonotic Diseases, and Illness Reporting in backcountry operations.  For additional information, go to:  http://www.nps.gov/public\_health/info/rms/rm83f.pdf.  Staff for each trip or group are “required” to be a certified food handler if they are preparing food for the clients or instructing clients on preparing food during the trip.  Staff will carry a copy of their food handler’s card while guiding in the park.  A food service worker training card issued by a state, county, or local health department will be accepted.

**ATTACHMENT A**

**CUA Insurance Requirements**

**Commercial General Liability (CGL) Insurance**

Liability insurance is required for all CUA holders under the terms of the authorization.  Such insurance should be of sufficient scope to cover all potential risks and in an amount to cover claims that can reasonably be expected in the event of serious injury or death. The minimum commercial general liability insurance is $1,500,000. Liability insurance policies must name the United States of America as additional insured.  The business or person that is providing the service must be the named insured (policy holder). Companies that provide transportation only are not required to have Commercial General Liability as long as the passengers do not disembark.

**Other Required Insurance**

**Commercial Auto Liability Insurance** is required if a CUA holder transports passengers or uses in the performance of the service in the park owned/leased/rented vehicles. If a CUA holder charters the vehicle and those chartered vehicles are owned and operated by another company, the CUA holder is not required to have Commercial Automobile Liability insurance. The minimum Commercial Auto Liability Insurance for *interstate* passenger transport is:

| **Commercial Vehicle Insurance – Passenger Transport** **(bodily injury and property damage)**  | **Minimum per Occurrence Liability Limits\***  |
| --- | --- |
| 15 or fewer passengers  | $1,500,000  |
| 16 or more passengers  | $5,000,000  |

The NPS has not established standard commercial automobile liability minimums for intrastate auto use by CUA holders because each state has unique rules and regulations. Intrastate CUA holders must meet individual state requirements for Commercial Automobile Liability Insurance or the interstate requirements above, whichever are greatest.

If the CUA applicant or holder will use rented or leased vehicles in performance of the authorized service, the applicant or holder must secure appropriate insurance for that rented or leased vehicle in the amount required by the CUA application. Proof of insurance secured directly from the rental or lease company may not be available upon application submission, but applicants are required to provide proof of insurance coverage after application submission upon NPS request.

**Insurance Company Minimum Standards**

The NPS has established the following minimum insurance **company** requirements.  All insurance companies must meet the following minimum standards. These standards apply to foreign insurance companies as well as domestic companies.

1. All insurers for all coverages must be rated no lower than A- by the most recent edition of Best’s Key Rating Guide (Property-Casualty edition), or similar insurance rating companies (Moody’s, Standard and Poor’s, or Fitch), unless otherwise authorized by the Service.
2. All insurers for all coverages must have Best’s Financial Size Category of at least VII according to the most recent edition of Best’s Key Rating Guide (Property-Casualty edition), or similar insurance rating companies (Moody’s, Standard and Poor’s, or Fitch), unless otherwise authorized by the Service
3. The insurance ratings must be submitted with the CUA Application.  The rating companies do not issue certificates.  We require the insurance broker to note this rating in the Certificate. If the rating does not appear on the certificate, the insurance broker must provide it in another document.

**Proof of Insurance Submission**

Applicants must submit proof of insurance with the CUA Application. The proof of insurance must:

* Be written in English with monetary amounts reflected in USD.
* Reflect that insurance coverage is effective at time of CUA Application submission.
* Name as insured the business or person that is providing the service.
* Name the United States as additional insured.
* Reflect a General Commercial Liability Policy with the minimum coverage amount required in the CUA Application.
* Reflect required additional insurances (commercial vehicle, vessel, aircraft, etc.) with the minimum coverage amount required in the CUA Application.
* Include insurance provider rating or provide in separate document.

**ATTACHMENT B**

**List of Approved Service, Additionally Required Documentation, and Fee Information**

| **AUTHORIZED COMMERCIAL SERVICE** | **REQUIRED DOCUMENTATION** | **REQUIRED CUA FEES** |
| --- | --- | --- |
| **Guided Interpretive Bicycle Tours** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form | $100.00 |
| **Guided Interpretive Day Hiking** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form |  $100.00 |
| **Guided Fishing Fly/Spin** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form | $100.00 |
| **Mountaineering** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form | $100.00 |
| **Still Photography** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form | $100.00 |
| **Interpretive Ski/Snowshoe Tours** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form  | $100.00 |
| **Interpretive Kayak/Canoe/Paddle Board** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form | $100.00 |
| **Guided Interpretive Backpacking** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form  | $100.00 |
| **Guided Interpretive Backcountry Skiing** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form | $100.00 |
| **Guided Climbing** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form | $100.00 |
| **Interpretive Van Tours** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form | $100.00 |
| **Horse/Mule Llama Drop Camp** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDescription of Stock and UseDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form  | $100.00 |
| **Outdoor Skills Education** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form | $100.00 |
| **Transportation/Shuttle Service** | Copies – Proper insurance minimumsCopies – Payment through Pay.govDetailed ItineraryList of guide certificationsLNT Practices and EducationSanitation PlanCopy of advertisements and ratesSafety and Evacuation PlanVisitor acknowledgement of risk form | $100.00 |
| **Firewood Sales** | Copies – Proper insurance minimumsCopies – Payment through Pay.govCopy of advertisements and ratesLNT PracticesSafety and Evacuation Plan | $100.00 |

##