

**ALASKA STATE PARKS
NON-COMPETITIVE COMMERCIAL ACTIVITY
PERMIT APPLICATION**

PLEASE COMPLETE ALL BLANKS IN THIS APPLICATION. IF REQUESTED INFORMATION DOES NOT APPLY, WRITE "N/A" IN THE BLANK.

PERSONS APPLYING FOR A NON-COMPETITIVE COMMERCIAL USE PERMIT FOR ACTIVITIES WITHIN THE KENAI RIVER SPECIAL MANAGEMENT AREA DO NOT USE THIS APPLICATION. PLEASE CONTACT THE KENAI RIVER CENTER AT 36130 KENAI SPUR HWY SOLDOTNA, AK 99669. 907-260-4882

APPLICANT'S LAST NAME: _____ FIRST NAME: _____ MI: _____

NAME OF BUSINESS: _____

PERMANENT MAILING ADDRESS: _____

PERMANENT RESIDENCE ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____ FAX: _____

ALASKA BUSINESS LICENSE NUMBER: _____

BUSINESS LICENSE SIC NUMBER: _____

INSURANCE COMPANY: _____

GENERAL LIABILITY: _____ POLICY #(S): _____

COMPREHENSIVE AUTO: _____ POLICY #(S): _____

AIRCRAFT LIABILITY: _____ POLICY #(S): _____

PLEASE LIST ALL PARK UNIT(S) IN WHICH COMMERCIAL SERVICES WILL BE PROVIDED:

PARK UNIT NAME: _____ SERVICE DATES: _____

PROPOSED SERVICE(S): _____

PARK UNIT NAME _____ SERVICE DATES: _____

PROPOSED SERVICE(S): _____

PARK UNIT NAME: _____ SERVICE DATES: _____

PROPOSED SERVICE(S): _____

ATTACH ADDITIONAL DESCRIPTION AS NECESSARY

WHAT IS THE PROPOSED CLIENT TO GUIDE RATIO? # OF CLIENTS _____: GUIDE _____

TOTAL # OF PERSONS PER TRIP _____

PLEASE ATTACH A 1"=1 MILE TOPOGRAPHIC MAP SHOWING LOCATIONS OF ACTIVITY AREAS, INCLUDING STAGING AREAS, TRAIL ROUTES, RIVER ROUTES, CAMP LOCATIONS, ETC. WHICH YOU ARE PROPOSING TO USE.

PLEASE LIST THE FOLLOWING INFORMATION REGARDING YOURSELF AND ALL OF YOUR EMPLOYEES WHO WILL OPERATE AIRCRAFT, VESSELS, OR MOTORIZED HIGHWAY VEHICLES IN STATE PARKS:

NAME	DRIVER'S/ AIRMAN'S/ USCG LICENSE #	CLASS/ RATINGS	EXPIRATION DATE	STATE OF ISSUE

PLEASE LIST ALL MOTORIZED WHEELED AND TRACKED VEHICLES (HIGHWAY AND OFF-ROAD), AND TRAILERS THAT WILL BE USED IN STATE PARK AREAS:

LICENSE/REG. #	YEAR	MAKE	MODEL	COLOR

PLEASE LIST ALL BOATS AND VESSELS THAT WILL BE OPERATED IN STATE PARK AREAS:

USCG/AK #	HULL I.D. #	MAKE/MANUFACTURER	LENGTH	COLOR

PLEASE LIST ALL AIRCRAFT THAT WILL BE OPERATED IN STATE PARK AREAS:

"N" #	YEAR	MAKE	MODEL	COLOR/TRIM

BRIEFLY DESCRIBE PREVIOUS COMMERCIAL EXPERIENCE AND ANY SPECIALIZED TRAINING APPLICABLE TO PROPOSED OPERATIONS:

PLEASE GIVE OTHER COMMENTS OR ADDITIONAL INFORMATION WHICH WOULD BE HELPFUL IN PROCESSING THIS PERMIT APPLICATION:

I have read the attached stipulations and permit provisions. The information I have entered on this form is complete and true to the best of my knowledge. I understand that any false, fictitious, or fraudulent statement or representation may result in denial, suspension or revocation of any permit issued.

I agree to provide the services indicated in a satisfactory manner, to abide by the terms and conditions of any permit which might be issued, and to confine activities to those described herein.

APPLICANT'S SIGNATURE _____

TITLE _____

DATE _____

PLEASE ENCLOSE A NON-REFUNDABLE PERMIT APPLICATION PROCESSING FEE PAYMENT OF \$50.00 (PAYABLE TO "STATE OF ALASKA"), ALONG WITH PHOTOCOPIES OF THE FOLLOWING CHECKED ITEMS WITH THIS COMPLETED APPLICATION FORM:

- _____ ALASKA BUSINESS LICENSE
- _____ CERTIFICATE OF WORKERS COMPENSATION (HIRED EMPLOYEES)
- _____ PROOF OF INSURANCE IN THE AMOUNTS INDICATED IN STIPULATIONS:
 - _____ COMPREHENSIVE AUTOMOBILE LIABILITY
 - _____ COMPREHENSIVE COMMERCIAL GENERAL LIABILITY
 - _____ AIRCRAFT LIABILITY INSURANCE
- _____ DRIVER'S LICENSE
- _____ COMMERCIAL FISHERY VESSEL LICENSE
- _____ USCG REGISTRATION (VESSEL DOCUMENTATION)
- _____ USCG SIX-PACK LICENSE
- _____ AIRMAN'S CERTIFICATE
- _____ GUIDE-OUTFITTER OR ASSISTANT GUIDE-OUTFITTER LICENSE (A.S. 8.54)
- _____ TRANSPORTER LICENSE (A.S. 8.54)
- _____ COMMERCIAL USE PERMIT (A.S. 8.54)
- _____ HUNTING LICENSE
- _____ FISHING LICENSE
- _____ FIRST AID AND CPR CARDS

SEND TO: ALASKA STATE PARKS
HC 32 BOX 6706
WASILLA, AK 99654
(907) 745-3975