

United States Department of the Interior

NATIONAL PARK SERVICE

Fire Island National Seashore
120 Laurel Street, Patchogue New York 11772



APPLICATION FOR SPECIAL USE PERMIT OVER-SAND VEHICLE USE

Type of Permit: (If submitting multiple applications, please fill out a separate app	lication)
☐ Resident ☐ Contractor Vehicle Access ☐ Gas Transport/Refuse/Carting ☐ Mun	
Complete the following	ioipai 🗵 Oiliciai
Applicant/Driver Information:	
Applicant's Namelast first m.i. suffix	
Fire Island Year Round Resident: Y N (Circle)	
Driver's License number State Expiration date	
Applicant/Company Address:	
Mailing Address (if different from above):	
Telephone: () Cell: () Email:	
Additional Drivers (attach an additional sheet if needed):	
Name:Driver's License number/State	exp. date
Name:Driver's License number/State	exp. date
Name:Driver's License number/State	exp date
Emergency Contact's Name Telephone Number_	
Requested start date of permit:	, , , , , , , , , , , , , , , , , , ,
Requested use area or route (Fire Island Destination):	
Requested duration of permit: Annual Other	
Vehicle Information:	
Type of Vehicle:	
□ Car/pass/Sm SUV. □ Van/lt. truck □ Utl. Van/Truck □ Bus □ RV/Camp	er/Trailer
ATV/UVT 18-Wheeler Oversize Load	
VIN/ID Number	
License Plate/Registration number State Expiration	n Date
Year: Make Model Cold	or
WeightNumber of Axles	
Maximum Number of Passengers:4-wheel drive vehicle Y	N (circle)

NPS Form 10-933 New 06/2013

OMB Control No. 1024-0026 Expires 08/31/2016

Vehicle Inspection Information: s your vehicle required to undergo State inspections? Yes / No Expiration date:
nsurance Information: Complete the following and attach copy of valid insurance card. Company Policy number
f applicable, select your business, and provide the following information:
Contractor Sanitation/Refuse Plumbing/Heating Electrical Public Utility Municipal Delivery Transportation (bus, taxi, etc.) Other (specify) Business Name (if applicable) Contractor/Business License: Reason for needing vehicle access (attach an additional sheet if needed)
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: Print Name: Date:
Note: this is an application only, and does not serve as permission to conduct special activity in the park. The information provided will be used to determine whether a permit will be issued. Send the completed application along with the application fee in the form of a cashier's check or money order made payable to National Park Service to Commercial Services Office at the Park address found on the first page of this application.
Notice to 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: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whethe or not to allow the requested use. 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 (31 U.S.C. 7701). Information from the application may be transferred to appropriate Federal, State, local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.
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 informatio 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 take 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, 1849 C Street, NW (1237), Washington, D.C. 20240.

Title 18 U.S.C. Section 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any mater within its jurisdiction.

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