

Obtaining a Special Use Permit for Temporary Use on the Pike-San Isabel National Forests & Cimarron and Comanche National Grasslands (PSICC)

Why Temporary Use? Temporary Use Permits are intended to increase access to National Forest System (NFS) lands by groups and organizations who visit NFS lands for short term, non-recurring use.

Who Needs a Permit?

Permits are required if a service or operation needs to use or occupy NFS lands for personal or business purposes regardless if the use or activity is intended to produce a profit.

If there is a fee or tuition being charged or if any type of income is derived from the use, a commercial permit is needed.

Examples: Youth Groups, Church Groups, Schools, Camps or Commercial Guiding Companies

Temporary Use Permits:

- Do not commit Forest Service to future permits. Temporary permits are not subject to renewal. Permits are issued by a ranger district on a first come - first served basis or by way of a temporary use pool lottery.
- Applicants must be qualified to provide the proposed service including having any required state licenses, have adequate liability insurance, etc. Final determination of qualified applicants will be determined by the local ranger district.
- Depending on capacity, wildlife, resource, or other factors, ranger districts may have minimal or no pool areas, service days or summer/winter usage available for temporary use.

Application Submission Timelines are as follows--

Summer Usage: January 2 to February 15

Winter Usage: July 5 to August 15

Temporary Use Flat Fee Schedule

Service Days	Flat Fee	Max Revenue
1-50	\$150.00	\$10,000.00
51-100	\$300.00	\$20,000.00
101-150	\$450.00	\$30,000.00
151-200	\$600.00	\$40,000.00
FSH 2709.11, sec 37.21c		

If the gross revenue exceeds the maximum revenue for the amount of service days as indicated above, permit fees will be based on 3% of gross revenue rather than the flat fee being assessed.

All fees must be paid prior to the start of operations.

Service Days:

A service day is defined as one client served (provided the permitted outfitting and/or guiding activity) per day. For instance, taking a group of 10 hikers on a two-hour trip on National Forest System lands would use 10 service days.

Guides and other staff don't "count" toward this calculation - only paying clients served. For example, a group of 12 backpackers and 2 guides using NFS lands for a 3-day trip would be 12 clients x 3 days = 36 service days.

Service days are issued in blocks of 50; if you request and are approved for 75 service days, you will be billed for 100. A maximum of 200 service days can be issued under a Temporary Use Permit.

This Packet Includes Forms Required to Apply for Use Including:

- Form FS-2700-3f; Application for Temporary Use for Outfitting and Guiding
- Guide list w/CPR & 1st Aid Certification Template
- Pre Season Itinerary or Actual Use Report
- Insurance Requirements and how to indemnify the US Government

Use Code: 153
Authorization ID:
Contact Name:
Expiration Date:

FS-2700-3f (REV.02/17)
OMB No. 0596-0082

SPECIAL USE APPLICATION & TEMPORARY PERMIT FOR OUTFITTING AND GUIDING
Authority: Federal Lands Recreation Enhancement Act, 16 U.S.C. 6802(h)
(Ref.: FSH 2709.14, Chapter 50)

PART I - APPLICATION

1. APPLICANT INFORMATION

Applicant Name:

Business Name:

Applicant's Complete Address:

Telephone Number: Fax Number:

E-mail Address:

Website:

As an applicant, are you (must check one):

- | | |
|---|--|
| <input type="checkbox"/> Individual | If yes, are you a citizen of the United States? |
| <input type="checkbox"/> Corporation | If yes, provide a copy of your state certificate of good standing. |
| <input type="checkbox"/> Limited Liability Company | If yes, provide a copy of your state certificate of good standing. |
| <input type="checkbox"/> Partnership or Association | If yes, provide a copy of your partnership or association agreement. |
| <input type="checkbox"/> State Government or Agency | (Includes state universities) |
| <input type="checkbox"/> Local Government or Agency | (Includes high schools) |
| <input type="checkbox"/> Nonprofit | (Please attach a copy of your IRS Form 990) |

Under the Regulatory Flexibility Act, a small entity is a firm that is "independently owned and operated" and "not dominant in its field of operation." The United States Small Business Administration has developed size standards to identify what is considered a small business. Under these standards, a business with annual receipts of less than \$6.5 million constitutes a small business for recreation industries. Additionally, a small organization is any nonprofit enterprise that is independently owned and operated and not dominant in its field. A small government jurisdiction is a government of a city, county, town, township, village, school district, or special district with a population of less than 50,000.

Under these criteria, are you a small entity? _____

2. DESCRIPTION OF PROPOSED ACTIVITY

Please include:

- . The number of service days requested (or quota equivalent).
- . The anticipated number of trips and party size.
- . Trip Itinerary with:
 - . Starting and ending dates of the proposed operations.
 - . Location of routes and starting and ending points for the proposed operations (include a map showing these locations).
- . Services that will be offered to clients (identify any services that will be provided by a party other than the holder).
- . A description of your client base or audience.
- . A list of government facilities you propose to use, e.g., a boat launch, parking lot, or trailhead.
- . A list of temporary improvements or signs that you propose to use.
- . A statement of whether the proposed operations involve motorized equipment.
- . A statement of whether the proposed operations involve transportation livestock, and if so, whether grazing is requested.
- . A statement of whether an assigned site is requested.
- . A description of cleanup and restoration during and after the proposed operations.

3. ADVERTISING. Provide a current brochure and current advertising materials or website address.

4. CLIENT CHARGES. Provide a description of client charges and fees and what they cover. Attach a current rate sheet.

5. GUIDE IDENTIFICATION

- . Attach a list of all guides who would be working under the permit.
- . Describe your requirements for employment and staff training programs.

. Attach copies of current CPR and First Aid certifications, Wilderness First Responder cards, and other applicable certifications for guides. Please do not send copies of social security cards or passports. Send driver's licenses only if driving is part of the outfitting and guiding service.

. If the state in which your activity would occur requires licensing for outfitters and guides, include a copy of relevant licenses.

6. OPERATING PLAN. Attach an operating plan that addresses client and visitor safety, evacuation and emergency procedures, and resource protection with respect to your proposed operations and location.

7. LIABILITY INSURANCE. The holder will be required to obtain liability insurance in an amount satisfactory to the authorized officer (see FSM 2713.1). The insurance policy must name the United States as an additional insured. A copy of the certificate of insurance must be provided to the authorized officer prior to issuance of a permit.

8. CLIENT'S ACKNOWLEDGMENT OF RISK FORM. If you plan to use an acknowledgment of risk form, attach a copy.

9. EXPERIENCE. List all permits for outfitting and guiding on National Forest System lands that you have held in the past 3 years. If you received a performance evaluation from the Forest Service, attach a copy. If you are relying on outfitting and guiding experience with other federal or state agencies, list any permits that you have held with those agencies in the past 3 years and provide a copy of any performance evaluations received. List all citations or violations received in association with outfitting and guiding activities.

10. SIGNATURE. I hereby certify that I am of legal age and am authorized to do business in the State or Commonwealth of Colorado. I have personally examined the information contained in this application and certify that this information is correct to the best of my knowledge. I hereby acknowledge that this is an application only, and that the use and occupancy of National Forest System lands is not authorized until a special use permit is signed and issued by an authorized officer.

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

18 U.S.C. § 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 matter within its jurisdiction. Anyone who knowingly or willfully makes or uses any false statements or representations shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

**FIRST AID/CPR
GUIDE AND CAMP STAFF LIST**

BUSINESS NAME: _____

Please list all guides and camp staff. Attach a copy of their first aid cards.

NAME	LEVEL OF 1ST AID	EXPIRATION DATE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

Please circle one:

Pre Season Itinerary

or

Actual Use Report

OUTFITTER:

For the Period Beginning:

Ending: / /

[illegible]

*Break out different fees paid on the same trip by clients

****Complete this column if the # of NFS Client Days are different from the # of Total Client Days**

***Provide additional information as to nature of donation on reverse or another page (value of trip, goods/services received by Outfitter, organization donated to, etc.)

I certify the information given on this sheet is a complete and accurate summary of my operations:

Outfitter: _____ Signature: _____ Date: _____

Permitted Service Days: _____ Approved Service Days: _____ Actual Service Days: _____

Approved by: _____ Date: _____

AGENCY REPRESENTATIVE

[illegible]

2713.1 - Exhibit 01

MINIMUM COVERAGE AMOUNTS FOR LIABILITY INSURANCE			
FSM Cite	Type of Special Use	Minimum Coverage Amount (in thousands of dollars)	
2721.11	Boat Dock and Wharf	25/100/300	300
2721.12	Clubs	25/300/500	500
2721.13	Organization Camps	25/300/500	500
2721.14	Trail Shelters	25/100/300	300
2721.15	Private Camps	25/300/500	500
2721.22	Houseboats (insurance is required only for concessions)	25/300/300	300
2721.30	Lodging	25/300/500	500
2721.32	Hotel/Motel	25/300/500	500
2721.33	Resorts	25/300/500	500
2721.41	Camp and Picnic	25/100/300	300
2721.42	Caves and Caverns	25/100/300	300
2721.43	Golf Course	25/100/300	300
2721.44	Park and Playground	25/100/300	300
2721.46	Rifle and Target Ranges	25/100/300	300
2721.47	Trailer Courts or Camps	25/300/300	300
2721.48	Tramway	50/500/2000	2000
2721.49	Recreation Event	See 2721.53	
2721.52	Marina	50/500/500	500
2721.53	Outfitting and Guiding		
*	Aerial Activities – 1 person	25/500/1000	1000
	– 2 or more people	25/500/2000	2000
	Backpacking	25/300/300	300
	Bicycling	25/500/500	500
	Bus, Van, Four-Wheel Drive Tours, ATV	25/500/500	500
	Hunting	25/500/500	500
	Nature Hikes	25/300/300	300
	Nordic Skiing	25/300/300	300
	Pack and Saddle Stock, Equestrian	25/500/500	500
	Rafting and Boating		
	Class IV-V Rafting and Boating	25/500/1000	1000
	Class I-III	25/500/500	500
	Rock Climbing	25/500/500	500
	Running and Walking Events	25/300/300	300
*	Snowmobiling	25/500/500	500

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/10/2010

PRODUCER

Serial # 121913

PHILADELPHIA INSURANCE COMPANIES
3939 BELT LINE ROAD SUITE 650
ADDISON, TEXAS 75001

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC#

INSURED

Company Name, dba Business name
Street Address
City, State Zip

INSURER A: PHILADELPHIA INSURANCE COMPANIES

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	X X X X X X X	12/31/2009	12/31/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GENT. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WORKERS COMPENSATION LIMITS \$ EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, BUT ONLY WITH RESPECTS TO THE LIABILITY ARISING OUT OF THE NAMED INSURED'S OPERATIONS.

CERTIFICATE HOLDER

United States Government
c/o USDA Forest Service
XXXXXX Ranger District Office
Mailing Street Address or PO Box
City, State Zip Code

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Robert S. [Signature]

ACORD 25 (2001/08)

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(Sample Col provided for reference)