FS-2700-3a (01/2014) OMB No. 0596-0082

USDA FOREST SERVICE HOLDER INITIATED REVOCATION OF EXISTING AUTHORIZATION REQUEST FOR A SPECIAL-USE PERMIT OR TERM SPECIAL-USE PERMIT

PART I - REQUEST FOR REVOCATION (C	ompleted by current permit holder)
I (We), the undersigned holder(s) of a special	I-use authorization, dated authorizing me (us) to occupy and use
National Forest System lands for	_ have
(Mark one box with "X")	
conveyed all my (our) right, title, and permit to:	interest in and to the improvements located on the parcel covered by said
	the improvements located on the parcel covered by said permit but have intil completion of payment under said contract with:
New Owner (1):(Please Print)	Address:
New Owner (2):(Please Print)	Address:
(Flease Fillit)	Phone: () -
owner(s) that (1) the current authorization is there are terms and conditions for the use of	se authorization identified above be revoked. I (we) have informed the new not transferable; (2) they must apply for and obtain a new authorization; (3) National Forest System lands; (4) and they must contact the Forest Service maining balance of any fees previously paid should be credited to the new issued.
Holder (1):	Holder (2):
(Please Print)	(Please Print)
Signature:	Signature:
(Please Print)	Date: (mm/dd/yyyy)
Request is made for a special use authorizati referred to above, and for the same purpose, circumstances may warrant. I (We) acknowle Forest System lands is not authorized until a	OR TERM PERMIT (Completed by new owner - Requester) ion to cover the same parcel of land or use covered by the authorization subject, however, to such new conditions and stipulations as the edge that this is a request only, and that the use and occupancy of National n authorization is signed and issued by an authorized officer. I (We) also e charged by the Forest Service to process this request for a new st System lands.
Requester(1):	Phone: () -
(Please Print)	E - Mail:
Signature:	
Requester(2):(Please Print)	
Signature:	Date: (mm/dd/vvvv)

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 writing shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082. The time required to complete this information collection is estimated to average30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.

The Privacy Act of 1974 (5 U.S.C. 552a) and the Freedom of Information Act (5 U.S.C. 552) govern the confidentiality to be provided for information received by the Forest Service.

PART III - REQUEST CHECKLIST (Completed by Administrator/	Case Manager)		
Does the current use and occupa and local laws, regulations, orders	ncy of National Forest System I	ands and facilities com		
☐ Yes comply?				
□ No				
2. Is the current use and occupancy				
consistent with established standa		t Land and Resource I	Managemen	t Plan? If
☐ Yes not, can it be made to b	e consistent? How?			
□ No				
3. What was the date of last inspect			facilities? ([Describe
☐ Yes undesirable or unaccept	table conditions that need to be	corrected.)		
□ No				
4. Does the requester(s) owe any fe	es to the Forest Service from a	prior or existing specia	al-use author	rization? If
☐ Yes yes, identify fees owed.				
□ No				
5. Is the requester(s) qualified to ho	ld an authorization for the subje	ct use and occupancy?	If not, why	?
☐ Yes				
□ No				
6. Can the requester(s) demonstrate	•		•	nd
☐ Yes occupancy, and fully co	mply with all the terms and cond	litions of the authorizat	ion?	
□ No				
7. Is there someone authorized by the	he requester(s) to sign an autho	rization, and there is s	omeone willi	ng to accept
☐ Yes the responsibility of the	e terms and conditions of the au	thorization?		
□ No				
Remarks:				
Signature of Administrator /Case I	Manager:		Date:	(mm/dd/yyyy)
PART IV - AUTHORIZED OFFICER				
The request and/or requester do this request to issue an authoriz Part I of this form.				
The request and the requester n to issue an authorization to use form.				
	Title:			
Signature:		Date:	(mm/dd/y	