



SAN BERNARDINO *National Forest*



General Application Request

Fill out the information on the next pages and submit this form to the following Permit Administrator area:

Arrowhead & Big Bear Area

Mountain Top Ranger Station
40971 North Shore Drive
PO Box 290
Fawnskin, CA 92333

Voice 909-382-2790 Email:
click button below

Lytle Creek & San Geronio Area

Front Country Ranger District
1209 Lytle Creek Road
Lytle Creek, CA 92358

Voice: 909-382-2851
Email: click button below

Idyllwild & San Jacinto Area

San Jacinto Ranger District
54270 Pinecrest Ave
PO Box 518
Idyllwild, CA 92549

Voice: 909-382-2921
Email: click button below

**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 (Completed by current permit holder)

I (We), the undersigned holder(s) of a special-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 interest in and to the improvements located on the parcel covered by said permit to:
- ☐ entered into a contract for the sale of the improvements located on the parcel covered by said permit but have retained title to said improvements until completion of payment under said contract with:

New Owner (1): _____
(Please Print)

Address: _____

New Owner (2): _____
(Please Print)

Address: _____

Phone: _____

Accordingly, I (we) request that the special-use authorization identified above be revoked. I (we) have informed the new owner(s) that (1) the current authorization is not transferable; (2) they must apply for and obtain a new authorization; (3) there are terms and conditions for the use of National Forest System lands; (4) and they must contact the Forest Service prior to acquisition of improvements. The remaining balance of any fees previously paid should be credited to the new owner(s) named above, if an authorization is issued.

Holder (1): _____
(Please Print)

Holder (2): _____
(Please Print)

Signature: _____
(Please Print)

Signature: _____

Date: _____
(mm/dd/yyyy)

PART II - REQUEST FOR A NEW PERMIT OR TERM PERMIT (Completed by new owner - Requester)

Request is made for a special use authorization to cover the same parcel of land or use covered by the authorization referred to above, and for the same purpose, subject, however, to such new conditions and stipulations as the circumstances may warrant. I (We) acknowledge that this is a request only, and that the use and occupancy of National Forest System lands is not authorized until an authorization is signed and issued by an authorized officer. I (We) also understand that an administrative fee may be charged by the Forest Service to process this request for a new authorization to use or occupy National Forest System lands.

Requester(1): _____
(Please Print)

Phone: _____

E - Mail: _____

Signature: _____

FAX: _____

Requester(2): _____
(Please Print)

Signature: _____

Date: _____
(mm/dd/yyyy)

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.

PLEASE ATTACH BILL OF SALE, DEED, OR OTHER DOCUMENTATION VERIFYING PURCHASE OF IMPROVEMENTS

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 average 30 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)

1. Does the current use and occupancy of National Forest System lands and facilities comply with all federal, state, and local laws, regulations, orders, and policies? If not, what must be done to make the use and occupancy

☐ Yes comply?

☐ No

2. Is the current use and occupancy of National Forest System lands and facilities being conducted in a manner that is consistent with established standards and guidelines in the Forest Land and Resource Management Plan? If

☐ Yes not, can it be made to be consistent? How? _____

☐ No

3. What was the date of last inspection? What is the condition of the authorized area and facilities? (Describe undesirable or unacceptable conditions that need to be corrected.) _____

☐ Yes

☐ No

4. Does the requester(s) owe any fees to the Forest Service from a prior or existing special-use authorization? If yes, identify fees owed. _____

☐ Yes

☐ No

5. Is the requester(s) qualified to hold an authorization for the subject use and occupancy? If not, why?

☐ Yes

☐ No

6. Can the requester(s) demonstrate technical and financial capability to undertake the proposed use and occupancy, and fully comply with all the terms and conditions of the authorization?

☐ Yes

☐ No

7. Is there someone authorized by the requester(s) to sign an authorization, and there is someone willing to accept the responsibility of the terms and conditions of the authorization?

☐ Yes

☐ No

Remarks:

Signature of Administrator /Case Manager:

Date: (mm/dd/yyyy)

PART IV - AUTHORIZED OFFICER

☐ The request and/or requester do not meet the criteria identified in Part III of this form. Therefore, I will not approve this request to issue an authorization to use or occupy National Forest System lands for the use(s) described in Part I of this form.

☐ The request and the requester meet the criteria identified in Part III of this form. Therefore, I approve this request to issue an authorization to use or occupy National Forest System lands for the use(s) described in Part I of this form.

Signature: _____ Title: _____

Date: _____

(mm/dd/yyyy)