

Use Code:		FS-2700-3f (10/09)
Authorization ID:	FOREST SERVICE USE	OMB No. 0596-0082
Contact Name:		
Expiration Date:		

SPECIAL USE APPLICATION & TEMPORARY PERMIT FOR OUTFITTING AND GUIDING
Authority: Federal Lands Recreation Enhancement Act, 16 U.S.C. 6802(h)
(Ref.: FSH 2709.11, section 41.53)

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:

☐ Individual	If yes, are you a citizen of the United States?
☐ Corporation	If yes, provide a copy of your state certificate of good standing.
☐ Limited Liability Company	If yes, provide a copy of your state certificate of good standing.
☐ Partnership or Association	If yes, provide a copy of your partnership or association agreement.
☐ State Government or Agency	(Includes state universities)
☐ Local Government or Agency	(Includes high schools)
☐ 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 _____. 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: _____

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 4 hours 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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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.