

Authorization ID: \_\_\_\_\_

Contact ID: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

FS-2700-3b (v.10/09)

OMB 0596-0082

**U.S. DEPARTMENT OF AGRICULTURE  
FOREST SERVICE  
SPECIAL USE PERMIT FOR  
NONCOMMERCIAL GROUP USE**

(Ref.: 36 CFR 251.54)

Authority: Organic Act of 1897, 16 U.S.C. 551

**PART I -- APPLICATION****1. APPLICANT INFORMATION**

Name of Group or Event: \_\_\_\_\_

Address of Group or Contact: \_\_\_\_\_  
(whichever is applicable)

**The contact shall be available to the Forest Service from the date this application is signed until it is accepted, rejected, or denied.**

Day Phone: (\_\_\_\_) - \_\_\_\_\_

Evening Phone: (\_\_\_\_) - \_\_\_\_\_

**2. DESCRIPTION OF PROPOSED ACTIVITY:** \_\_\_\_\_**3. LOCATION & DESCRIPTION OF NATIONAL FOREST SYSTEM LANDS & FACILITIES APPLICANT WOULD LIKE TO USE (MAP MAY BE INCLUDED):** \_\_\_\_\_**4. ESTIMATED NUMBER OF PARTICIPANTS & SPECTATORS FOR PROPOSED ACTIVITY:**

Participants: \_\_\_\_\_ Spectators: \_\_\_\_\_

**5. STARTING & ENDING DATE & TIME OF PROPOSED ACTIVITY:**

Start: \_\_\_\_\_ End: \_\_\_\_\_  
Date Time Date Time

**7. NAME OF PERSON(S) WHO WILL SIGN A SPECIAL USE AUTHORIZATION ON BEHALF OF THE GROUP**

(May be same as contact listed in Item 1): \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: (\_\_\_\_) - \_\_\_\_\_

Day Phone: (\_\_\_\_) - \_\_\_\_\_

Evening Phone: (\_\_\_\_) - \_\_\_\_\_

Evening Phone: (\_\_\_\_) - \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION NOT VALID UNLESS SIGNED BY CONTACT**\_\_\_\_\_  
Signature of Contact

Date: \_\_\_\_\_