| U.S. Department of Apriculture Forest Service VISITOR'S PERM (Ref. FSM 2323) | OM | FORM APPROVED OMB NO. 0596-0019 EXPIRES 01/2010 | | (14) TRAVEL PLAN List or code all zones to be traversed, in sequence of travel, and number of nights to be spent in each zone. In areas where specific campsites are assigned, list and code each site and the number of rights assigned. | | TRAVEL ZONES (or campsite) | | NIGHTS | |
|--|----------------------|---|-----|---|--|----------------------------------|------|--------|---------|
| WHEN SIGNED, THIS SINGLE - VISITOR PERMIT AUTHORIZES | | | | - | | | | | |
| (1) NAME (First, Middle Initial, and Last) | | | | | | | | | |
| | | | | | | | | | |
| (2) MAILING ADDRESS (Optional) | | | | | | | | | |
| (3) CITY AND STATE (4) ZIP CODE | | | | | | | | | |
| (5) TO VISIT (and to build campfires in accordance with regulations) | | | | | | | | | |
| (6) DATES (Give best estimates of start and finish dates) From month/day | | | | | | | | | |
| Through month/day | | | | | | | | | |
| (7) LOCATION OF ENTRY POINT | | | | | | | | | |
| (8) LOCATION OF EXIT POINT | | | | | | | | | |
| (9) PRIMARY METHOD OF TRAVEL | | | | | | | | | |
| (10) NUMBER OF PEOPLE IN GROUP | | | | (15) (a) NUMBER OF TIMES YOU VISITED THIS AREA IN PAST 10 YEARS (Enter appropriate code) | | | | | |
| (11) NUMBER OF PACK AND SADDLE STOCK | | | | OPTIONAL | | | | | |
| | | | ŇA | (15) (b) IS VISITING THIS AREA (Enter appropriate code) | inde) | | | | |
| (12) NUMBER OF WATERCRAFT OR VEHICLES (Check Regulations – Vehicles not allowed in many permit areas) | | | | | THE PRIMARY PURPOSE OF YOUR TRIP AWAY FROM HOME? ONE OF SEVERAL IMPORTANT THINGS YOU PLANNED TO DO ON YOU SOMETHING YOU DECIDED TO DO AFTER ARRIVING NEAR THE AREA | | | | |
| I agree to abide by all laws, rules and regulations which apply to this area and will do my be does likewise. | st to see that every | one in our gr | oup | (16) | REMARKS | | | | |
| (13) VISITOR'S SIGNATURE | | DATE | | (17) | (17) ISSUING OFFICER'S SIGNATURE | | | | |
| | | | | | | FOR | REST | OFFI | CE CODE |
| VISITOR'S MUST HAVE THIS PERMIT IN POSSESSION DURING STAY IN REQUIRED PERMIT AREAS | | | | | | | | | |

