

Application for Temporary Grazing or Livestock Use Permit
 (Reference FSM 2230 and FSH 2209.13)

NOTE: The information requested on this form is voluntary; however, all the data requested is necessary if you wish to be considered as a qualified applicant for a grazing permit. The data is requested under authority of 5 USC 301, 36 CFR 222.3.

Section A (To be completed by Applicant)

I, _____ of _____
 (Name of Applicant) (Mailing Address Including Zip Code)

do hereby apply for a permit to graze livestock (**not to exceed one year**) on National Forest System lands or other lands under Forest Service control as follows:

LIVESTOCK			PERIOD OF USE		GRAZING ALLOTMENT
NUMBER	KIND	CLASS	FROM	TO	

It is fully understood and agreed that a grazing permit, if issued and accepted pursuant to this application, may be cancelled, in whole or in part, after written notice for: (a) failure to comply with the terms and conditions in the grazing permit, regulations of the Secretary of Agriculture on which the permit is based, or annual operating or other instructions of Authorized Officers issued pursuant to the permit; (b) knowingly and willfully making a false statement or representation in this application; (c) conviction for failure to comply with Federal laws or regulations or State and local laws relating to livestock control and to protection of air, water, soil and vegetation, fish and wildlife, and other environmental values when exercising the grazing use authorized by the permit; or (d) because the National Forest System lands or other lands under Forest Service control described in the permit are no longer available for grazing.

It is also fully understood and agreed that a grazing permit, if issued pursuant to this application, may be modified to conform to current situations brought about by changes in law, regulations, executive orders, allotment management plans, land management planning or other management needs. A permit issued pursuant to this application may also be modified because of resource conditions or permittee request.

The following statements and representations constitute a part of this application for a temporary grazing or livestock use permit:

1. I own or lease(circle one) and seek grazing authorization for ____ head of cattle, ____ head of horses, and/or ____ head of sheep branded and earmarked as follows:



SHEEP
BRAND

2. The type of use for which this application is submitted is: (check all boxes that apply)

Temporary Grazing: Grazing use NOT TO EXCEED 1- YEAR (as described under 36 CFR 222.3 and FSH 2209.13.)

Vegetation Management: To maintain or change vegetation for benefits such as fuel breaks or fire hazard reduction, noxious weed control, removal of competing vegetation to improve wildlife habitat, site preparation, or reduction of competition for timber regeneration.

Crossing National Forest System Lands: For non-permitted livestock going to or from private land, to other federal lands, or to market, and where transportation in another manner is not practical or available.

Breeding Animals: If the sires used to service permitted livestock are not owned by the permittee.

Other Use: (As described under 36 CFR 222.3 and FSH 2209.13)

(over)

On-And-Off Provisions: (Complete if applicable)

I hereby request that the following provisions be made part of my grazing permits: That I be authorized to graze a total of ____ head of ____ under an on-and-off provision on the _____ grazing allotment. The land I control together with adjacent National Forest System lands and other lands under Forest Service control form a natural grazing unit.

The land I offer under this provision consists of ____ acres I own and ____ acres I lease or have the right to use, more particularly described as follows:

SIGNATURE OF APPLICANT

TITLE

DATE

Section B (To be completed by Recommending Officer)

The number, kind, and class of livestock, period of use, and grazing allotment on which the livestock are recommended to graze are as entered below.

LIVESTOCK			PERIOD OF USE		GRAZING ALLOTMENT
NUMBER	KIND	CLASS	FROM	TO	
SIGNATURE OF RECOMMENDING OFFICER			NAME (PRINT)		TITLE

Burden Statement

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 0596-0003. The time required to complete this information collection is estimated to average 20 minutes per response, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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