Application for Term Grazing Permit

(Reference FSM 2230 and FSH 2209.13)

	ed as a			n is voluntary; how azing permit. The						
0			Section	A (To be complete	ed by Applic	ant)				
1,				of						
	(Name of Applicant) (Mailing Address Including Zip Code)									
do hereby a		a permit to	graze livestock	on National Fores	t System lands	s or other lands	under Forest	Service		
	ESTOC	K	PERIO	D OF USE						
	NUMBER KIND CLASS		FROM	TO		GRAZING ALLOTMENT				
Secretary of to the permit comply with I vegetation, fi the affected I lands or othe It is also fully current situat	Agricultur ; (b) know Federal la sh and w National F er lands ur understo tions brou other mar	re on which vingly and waws or regulated in the individual of the	the permit is base- illfully making a fa- ations or State and other environmenta em lands to anothe Service control de eed that a grazing y changes in law,	nply with the terms a d, or annual operatir lse statement or rep d local laws relating al values when exercer public purpose, incescribed in the permit permit, if issued pur regulations, executivated pursuant to this	ng or other instructed on the contact of the contac	uctions of Authorinis application; (c) trol and to protect g use authorized; or (e) because tavailable for graz plication, may be nent managemen	ized Officers iss conviction for tion of air, wate by the permit; (the National For ing. modified to cor t plans, land ma	sued pursuant failure to r, soil and (d) to devote rest System form to anagement		
				constitute a part of						
	_	_		head of cattle,	head of	horses, and/or	head o	f sheep,		
branded an	d earma	rked as foll	OWS:					SHEEP		
					1	-		BRAND		
(RIC	GHT) (LEFT)	THE THE	land of		DAY YOU				
2. I own the	followin	g land whic	ch I hereby subm	nit as base propert	y for this grazi	ng permit:				
Description	: <u> </u>									
				(Section, To	wnship, and R	lange)				
Classified a	.s:									
In addition	Louis	(Rang	- 1	(Improved Pastur	,	Cultivated)	(Total	l Acres)		
Classified a		lease the	ollowing lands ti	hat are associated	with this appli	cation.				
		(Ranç		(Improved Pastur	e) (C	Cultivated)	(Total Acres)			
3. Do you c	3. Do you currently hold a lease or permit from the Bureau of Land Management authorizing the grazing of livestock on									
public lands				a copy of the leas	-	J	- •			

Application Continued – Please answer questions 4 through 9											
4. Does anyone else possess an ownership interest in the livestock identified in Number 1 above? Yes No (If yes, identify the name and mailing address of all other co-owners of the livestock).											
5. Do you currently hold, or have interest in, any other Forest Service term permit authorizing grazing on National Forest System lands? Yes No (If yes, provide a copy of the permit.)											
6. Do you have an application for a term grazing permit currently pending before the Forest Service? Yes No (If yes, provide a copy of the application.)											
7. Are you submitting this application as an agent or representative of a corporation, partnership, trust, or other legal entity? Yes No (If yes, include copies of a list of shareholders or partners, a list of the officers and directors, or other documents showing full ownership of the organization.) 8. Does a managerial agreement regarding the base property and/or permitted livestock exist with a third party? Yes No (If yes, provide a copy of the agreement.)											
9. I hereby request that the following provision be made part of my grazing permit: (Complete if applicable.)											
That I be allowed to graze a total of head of under an on-and-off provision on the											
grazing allotment. The land I control together with the adjacent National Forest											
System lands or other lands under Forest Service control forms a natural grazing unit. The land I offer consists of acres I own and acres I lease or have the right to use more particularly described as follows: A copy of the proof to graze leased (non-owned) land is required.											
SIGNATURE OF APPLICANT					00	TITLE			DATE		
			Section B	(To be	con	npleted by Re	commer	nding Officer)			
			livestock,	period o	f us	e, and grazing	allotmer	nt on which the livestoo	ck are rec	ommended	
to graze are	as ente			DEDIOD	OE	LICE					
NUMBER			PERIOD OF FROM			TO GRAZING ALI			OTMENT		
SIGNATURE OF RECOMMENDING OFFICER NAME (PR					PRIN	<i>I</i> Т)		TITLE		DATE	

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 30 minutes per response, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.