

**APPLICATION FOR PERMIT
FOR USE OF ROADS, TRAILS, OR AREAS RESTRICTED BY REGULATION OR ORDER**

Authority: 16 U.S.C. 532-538

For Official Use Only					DATE OF APPLICATION
REGION	STATE	COUNTY	FOREST	RANGER DISTRICT	
1. APPLICANT (name, address, and e-mail address) _____ _____ _____					TELEPHONE NUMBER () -
2. DESCRIPTION OF RESTRICTED ROADS, TRAILS, or AREAS (show roads, trails, and areas on a map at a minimum scale of 1/2" equals one mile) DATES OF PROPOSED USE NAME OF PERSONS AUTHORIZED TO ACT AS THE APPLICANT'S AGENT FOR PURPOSES OF THIS PERMIT					
3. PURPOSE OF USE <input type="checkbox"/> COMMERCIAL USE OF ROADS RESTRICTED BY ORDER (attach Form FS-7700-40a) <input type="checkbox"/> MOVEMENT OF OVERSIZE OR OVERWEIGHT VEHICLES (attach Form FS-7700-40b or a state department of transportation form used to request a permit for movement of oversize or overweight vehicles on state highways) <input type="checkbox"/> MAINTENANCE OF A ROAD OR PLOWING SNOW ON A ROAD <input type="checkbox"/> MOTOR VEHICLE USE OF ROADS, TRAILS, OR AREAS NOT DESIGNATED ON A MOTOR VEHICLE USE MAP (in block 4, specify the motor vehicle classes and the number of motor vehicles requested for authorization) <input type="checkbox"/> BEING ON A ROAD OR TRAIL OR ENTERING AN AREA CLOSED BY AN ORDER <input type="checkbox"/> OTHER (explain in block 4)					
4. REMARKS (attach other sheets if necessary)					
<p><i>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 0596-0016. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing road maps, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</i></p> <p><i>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).</i></p> <p><i>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.</i></p> <p><i>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.</i></p>					
SIGNATURE OF APPLICANT					DATE