

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

APPLICATION FOR ALLOCATION OF GRAZING PRIVILEGES

AGENCY _____

TRIBE _____

I (We) the undersigned enrolled member(s) of the _____ Indian Tribe hereby apply for an allocation of grazing privileges without competitive bidding, as authorized at 25 CFR 166.218, as described in Table 1 below:

Table 1. Requested grazing area and grazing privileges.

| Unit/Area | Kind of Stock | Number of Head | Grazing Season (day/month)* | | | AUMs** |
|----------------------------|---------------|----------------|-----------------------------|-----|--------|--------|
| | | | From | To | Months | |
| | | | / | / | | |
| | | | / | / | | |
| | | | / | / | | |
| | | | / | / | | |
| | | | / | / | | |
| Total Privileges Requested | | | --- | --- | --- | |

* For year-long grazing omit dates and indicate 12 under Months.

** AUMS = number of head times number of months. For sheep, divide result by five (5). For horses, multiply result by 1.25.

I (We) certify that the number of livestock over 6 months of age owned by me (us) and to be grazed under my (our) exclusive control and supervision are as follows:

Table 2. Livestock currently owned by applicant.

| Kind of Livestock | Number of Head | Brand and Location | Recorded Owner of Brand | Name of Mortgage Holder |
|--------------------|----------------|--------------------|-------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| Total Number Owned | | --- | --- | --- |

If this application requests allocated grazing privileges for more livestock than the applicant owns, state briefly the plans made to acquire the additional livestock, including financial arrangements for purchase. _____

If the applicant intends to graze any livestock owned by another person, list the kind, number, and ownership of such livestock:

Table 3. Livestock not owned by applicant to be grazed under allocation.

| Kind of Livestock | Number of Head | Brand and Location | Name and Address of Owner | Tribal Member |
|----------------------|----------------|--------------------|---------------------------|----------------|
| | | | | Yes ___ No ___ |
| | | | | Yes ___ No ___ |
| | | | | Yes ___ No ___ |
| Total Number of Head | | --- | --- | --- |

List here any land owned or controlled by you that is available for grazing your livestock. Indicate

how many animals this land will support and for how long (Attach additional sheet if needed).

Table 4. Non-allocated lands controlled by applicant.

| Land Description | Acres | How Controlled (Owned, Leased, ...) | Grazing Capacity | | |
|------------------|-------|---|------------------|--------|------|
| | | | Number of Head | Months | AUMs |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTALS | | --- | | --- | |

Do you now allow or intend to allow anyone else to graze or pasture their livestock on any of the lands listed in Table 4 rather than graze your own livestock on these lands?

Yes ____ No ____ If yes, state how many livestock: _____.

I (We) agree to abide by the regulations at 25 CFR Part 166, and all Tribal grazing regulations and, if a grazing permit is issued, to comply fully with its terms.

Applicant _____ / ___ / _____

Applicant _____ / ___ / _____

Paperwork Reduction Act Statement: This form is covered by the Paperwork Reduction Act. It is used to establish the respective rights and responsibilities of the respondent and the Federal government. The information is provided by respondents to obtain or retain a benefit. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and an expiration date. The number and expiration date are at the top right corner of the form. An agency may not sponsor or conduct, and a person is not required to respond to, a request for information collection unless it displays a currently valid OMB Control Number. The public reporting burden is estimated to average 20 minutes *per respondent*. This includes the time needed to understand the requirements, gather the information, complete the form, and submit it to the Department. Comments regarding the burden or other aspects of the form may be directed to the Indian Affairs Information Collection Clearance Officer, Office of Regulatory Affairs – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.