



**U.S. DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE**

FORM 10-404A
OMB Control No. 1024-0022
Expires: XX/XX/XXXX

BACKCOUNTRY USE PERMIT

Name (Last, First, MI): _____

Street Address: _____

City, State, Zip: _____ Country: _____

Day Phone: _____ Evening Phone: _____ Fax: _____

Email Address: _____

Emergency Contact Information:

Name: _____ Phone Number: _____

Do you have an America the Beautiful Pass? Yes / No (Circle One) If yes, pass #: _____

Do you have an Interagency Access or Senior Pass? Yes / No (Circle One) If yes, pass #: _____

Type of backcountry use requested:

<input type="checkbox"/> General Camping	<input type="checkbox"/> Group Camping	<input type="checkbox"/> Backpacking
<input type="checkbox"/> Climbing	<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Mountaineering
<input type="checkbox"/> OHV	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Is this an organized or guided trip? Yes / No (Circle One)

Group/Organization Name: _____

CUA or RPRS#: _____

of trips requested: _____ # of people per trip: _____

of applications: _____ (For large groups with multiple applications)

Number of stock: _____ Type of Stock: _____

Number of boats: _____ Type of Boat: _____

Method of Travel:

<input type="checkbox"/> Foot/Backpacking	<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Ski
<input type="checkbox"/> 4WD/Motorcycle (Day Use)	<input type="checkbox"/> 4WD/Motorcycle (Camping)	<input type="checkbox"/> Snowshoe
<input type="checkbox"/> Motorboat (motorized)	<input type="checkbox"/> Motorboat (motorized)	<input type="checkbox"/> Sailboat
<input type="checkbox"/> Climbing	<input type="checkbox"/> SCUBA	<input type="checkbox"/> Stock
<input type="checkbox"/> Drop-Off by Stock	<input type="checkbox"/> Drop-Off by Boat	<input type="checkbox"/> Drop-Off / Other
<input type="checkbox"/> River Rafting – Motor	<input type="checkbox"/> River Rafting – Hand Propelled	

Paperwork Reduction Act Statement: A Federal 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. This information is being collected to allow the park manager to make a valued judgment on whether or not to allow the requested use. All the applicable parts of this form must be completed.

Estimated Burden Statement: Public Reporting burden for this form is estimated to average 5 minutes per response, including the time it takes for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Comments regarding this burden estimate or any aspect of this form should be sent to the Information Collection Clearance Officer, National Park Service, 1849 C St., NW (2601), Washington, D.C. 20240.

Launch Site: _____

Take Out Information: _____

Vehicle #1

State: _____

Plate #: _____

Make: _____

Model: _____

Color: _____

Parking location: _____

Rental vehicle (yes/no)

Vehicle #2

State: _____

Plate #: _____

Make: _____

Model: _____

Color: _____

Parking location: _____

Rental vehicle (yes/no)

First Choice:

Start Date: _____

End Date: _____

Entry location: _____

Exit location: _____

Length of stay (# of nights): _____

Use Area or Campsite: _____

Night 1 (date, code, campground, trail): _____

Night 2 (date, code, campground, trail): _____

Night 3 (date, code, campground, trail): _____

Night 4 (date, code, campground, trail): _____

Night 5 (date, code, campground, trail): _____

Night 6 (date, code, campground, trail): _____

Night 7 (date, code, campground, trail): _____

Second Choice:

Start Date: _____

End Date: _____

Entry location: _____

Exit location: _____

Length of stay (# of nights): _____

Use Area or Campsite: _____

Night 1 (date, code, campground, trail): _____

Night 2 (date, code, campground, trail): _____

Night 3 (date, code, campground, trail): _____

Night 4 (date, code, campground, trail): _____

Night 5 (date, code, campground, trail): _____

Night 6 (date, code, campground, trail): _____

Night 7 (date, code, campground, trail): _____

Frequent Hiker Membership:

(waives the \$10 permit fee for 12 months from date of purchase):

- I am already a member
- Please enroll me for 1 year/\$25
- No thanks
- Use hiker credit on file

Method of Payment:

- Check
- Money Order
- MasterCard Visa Discover Discover American Express

Name on Card: _____

Billing Address, City, State, Zip: _____

Billing Phone #: _____

Card CVC Code #: _____

Expiration Date: _____

Security Code: _____

Total Cost: _____

Signature: _____**Remarks:** _____**Special Instructions:** _____**Permit Conditions:**

- Travel in _____ backcountry has inherent risks and hikers assume complete responsibility for their own safety. Rescue is not a certainty. Backcountry users should be in good physical condition and should be able to survive on their own by taking the necessary precautions and equipment. Your safety is your responsibility.
- In large camping areas, camps should be 200 feet from streams and trails and 1/4 mile from springs. Camping in previously used areas or on bare ground is encouraged.
- Backcountry groups are limited to a maximum of 24 people sharing the same affiliation, scout troop, family, friends in the same area, route, or trail, on the same day. Your permits will be denied and/or you will receive a ticket if you are in violation of this regulation. This regulation is strictly enforced.
- Pets must be on a leash at all times.
- All natural objects and cultural artifacts are protected and must be left where they are found.
- Human waste should be buried at least 6 inches deep and whenever possible, 200 feet away from water, dry wash areas, or designated campsites. All trash, including toilet paper, should be packed out.
- Purify all water before drinking.
- I have read and fully understand the rules associated with my trip and I agree to comply accordingly.

Failure to comply with regulations will result in revocation of this permit and a fine._____

- I will contact the Park Fee Office at _____ if there is a reduction in my group size or cancellation of a trip.
- I will notify the backcountry office at _____ if my vehicle or emergency contact information changes. Failure to do so will delay search and rescue efforts.
- I will print and carry my permit with me, and I will advise a friend or family member to notify the National Park Service if I am overdue.
- Use the standard method of hanging backpacks and food sacks at least 10 feet off the ground and 4 feet away from the tree trunk.
- Any food not in use should be stored in this manner while in the backcountry. Plan your meals carefully so excess food is not left over.
- Do not sleep in clothes you have cooked in, as the food odor left on your clothes may attract a bear. Consider cooking some distance from your sleeping area.
- Leave No Trace outdoor ethics are encouraged.
- No pets are allowed in the backcountry or wilderness areas.

Great Smokey Mountain National Park:

Appalachian Trail Thru-Hiker Backcountry Permit:

- I certify that I am beginning and ending my trip more than 50 miles outside of park and hiking/camping only on the AT while in the park.

AT Thru-Hiker Direction:

- Northbound
- Southbound

Estimated date you will begin your hike through _____ National Park.

(Specify an entry date)

Yellowstone National Park:

- Will use Yellowstone Lake boat shuttle to camp on:
 - boat
 - shore

Yosemite National Park:

I would like to hike to the top of Half Dome while on this overnight wilderness trip. Please reserve Half Dome Permits for an additional \$8.00 per person, payable when I pick up my wilderness permit. (Check)

- No Yes

of Half Dome Permits _____

If Half Dome permits are **NOT** available for my trip (check):

- Please do **NOT** process this reservation
- Make this wilderness permit reservation without Half Dome permits. I understand that there are no refunds for wilderness permit reservations
- Own Canister
- Bear Lockers (HSC/LYV Only)
- Number of canisters

Winter Self-Registration:

Equipment Carried (Example: stove, sleeping bag, bivy sack, shovel, skins).
List gear items:

Trip leader's signature: _____