

Application for Term Private Land Grazing 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 offer to the Forest Service the exclusive grazing use of the privately owned or controlled lands described below in return for a permit to graze livestock on adjacent National Forest System lands as follows:

| LIVESTOCK | | | PERIOD OF USE | | GRAZING ALLOTMENT |
|-----------|------|-------|---------------|----|-------------------|
| NUMBER | KIND | CLASS | FROM | TO | |
| | | | | | |
| | | | | | |
| | | | | | |
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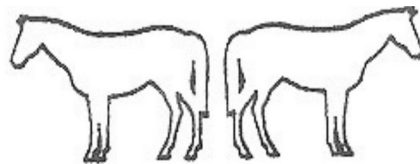
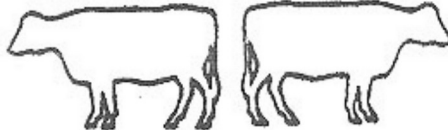
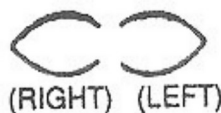
It is fully understood and agreed that a grazing permit, if issued and accepted pursuant to this application, may be cancelled or suspended, in whole or in part for: (a) failure to comply with the terms and conditions in the grazing permit, regulations of the Secretary of Agriculture on which the permit 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.

Upon issuance of a grazing permit, the Forest Service shall be authorized to enter the applicant's privately owned or controlled lands described below at any time during the term of the permit in order to ensure that permitted livestock grazing is being conducted in conformance with applicable federal law and regulation, and the terms and conditions of the grazing permit.

The following statements and representations constitute a part of this application for a term private land grazing 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. I own or control the following land, in the _____ Allotment(s), more particularly described below, which I offer as the basis for a Term Private Land Grazing Permit.

| LANDS OWNED | | | | | LANDS LEASED | | | | |
|--------------------------|---------|----------|-------|-------|---------------------------|---------|----------|-------|-------|
| Legal Subdivision | Section | Township | Range | Acres | Legal Subdivision | Section | Township | Range | Acres |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Acres Owned | | | | | Total Acres Leased | | | | |
| SIGNATURE OF APPLICANT | | | | | TITLE | | | | DATE |

Section B (To be completed by Recommending Officer)

| 1. I have verified the applicant's ownership and/or control of these lands. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
|--|------|-------|---------------|----|-------------------|
| 2. The estimated grazing capacity of the foregoing privately owned or controlled lands offered by the applicant to the Forest Service is _____ AUMs. | | | | | |
| 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 |
| | | | | | |
| | | | | | 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 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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