



BACKCOUNTRY/WILDERNESS USE PERMIT APPLICATION



[PARK]
[Name of Permits Program Office]
[Address]
[City, ST Zip Code]
 Telephone: (###) ###-####

NOTE TO PARKS: The fields in the "Applicant Information Section" below and records retention statement in the footer are mandatory for every park to show on their form. You may not change any fields and you may not add any fields to the list. Changes or additions must be approved by OMB through the Bureau Information Collection Clearance Officer, Tim Goddard [970-420-9590]

APPLICANT INFORMATION (All Fields Mandatory for Every Park)			
When approved by NPS park official, this single-visit permit authorizes:			
Last Name	First Name	MI	Suffix
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Street Address			
<input style="width: 95%;" type="text"/>			
City	State	Zip Code	Country
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

NOTE TO PARKS: You may select from information fields below to customize your park-specific permit. *With the exception of the fields in the "Applicant Information Section" above and records retention statement in the footer which are mandatory for every park to show on their form*, you do not have to use and may remove any of the remaining fields. You may not change any fields and you may not add any fields to the list. Some fields may need to be replicated multiple times to accommodate multiple responses (e.g., method of travel, emergency points-of-contact, itinerary, etc.) Changes or additions must be approved by OMB through the Bureau Information Collection Clearance Officer, Tim Goddard [970-420-9590]

MISCELLANEOUS INFORMATION			
For the purposes of improving your visit, the National Park Service may seek to understand more about your visitor experience on this Wilderness/Backcountry trip. Are you willing to allow your contact information be used to follow up on social science information needs by the NPS in the future? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Contact Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Email Address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Date of Birth	Fax Number	Driver's License/Identification	Issuing Country (<input type="checkbox"/> U.S.)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Do you have an America the Beautiful Pass? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", pass #: <input style="width: 95%;" type="text"/>		Do you have an Interagency Access or Senior Pass? <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", pass #: <input style="width: 95%;" type="text"/>	
Group/Organization Type (Boy Scouts, CUA, SUP, Church)		No. of Permit Requests (For large groups with multiple)	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Group Name		No. of Trips Requested	No. of People Per Trip
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Is this an organized or guided <input type="checkbox"/> Yes <input type="checkbox"/> No	# of People in Party (Max)	# of Youth (## and Under)	# of Adults (## and Older)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Frequent Hiker Membership (Waives the \$ <input style="width: 20px;" type="text"/> permit fee for <input style="width: 20px;" type="text"/> months from date of purchase)		<input type="checkbox"/> I am already a member <input type="checkbox"/> Please enroll me for <input style="width: 20px;" type="text"/> year/\$ <input style="width: 20px;" type="text"/>	<input type="checkbox"/> No Thanks <input type="checkbox"/> Use hiker credit on file
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Commercial Use Authorization (CUA) Permit #		Research Permit and Reporting System (RPRS) Permit #	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Emergency Point-of-Contact Name	<input type="checkbox"/> Family <input type="checkbox"/> Friend	Emergency Point-of-Contact Phone Number	Emergency Point-of-Contact City/State
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

TYPE OF BACKCOUNTRY USE REQUESTED (Check All That Apply)					
<i>*Prohibited in Wilderness Areas</i>					
<input type="checkbox"/> General	<input type="checkbox"/> Backpacking	<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Cross Country Skiing/Snowshoeing		
<input type="checkbox"/> Group	<input type="checkbox"/> Hunting	<input type="checkbox"/> High Altitude	<input type="checkbox"/> <i>Mountain Biking *</i>		
<input type="checkbox"/> Bouldering		<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> <i>Off-Road Vehicle (ORV) *</i>		
<input type="checkbox"/> Stock	Type of Pack or Saddle	Number of	<input type="checkbox"/> River Use	Number of People	Indicate Type and/or Location of
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

METHOD OF TRAVEL (Check All That Apply) <i>*Prohibited in Wilderness Areas</i>				
<input type="checkbox"/> Foot/Backpacking	<input type="checkbox"/> <i>Mountain Biking *</i>	<input type="checkbox"/> Ski	<input type="checkbox"/> Snowshoe	<input type="checkbox"/> SCUBA
<input type="checkbox"/> Climbing (List gear in equipment list)	<input type="checkbox"/> Canyoneering (List gear in equipment list)	<input type="checkbox"/> Stock	<input type="checkbox"/> Drop-Off by Stock	<input type="checkbox"/> Kayak
<input type="checkbox"/> Watercraft (Indicate Type: <input type="checkbox"/> <i>Motorized *</i> <input type="checkbox"/> Non-motor <input type="checkbox"/> Hand propelled <input type="checkbox"/> Non-motor support				
<input type="checkbox"/> <i>Snowmobiling *</i> <input type="checkbox"/> <i>4WD/Motorcycle (Camping) *</i>	<input type="checkbox"/> <i>4WD/Motorcycle (Day Use) *</i>			
		(Describe vehicle in "Mode of Transportation" section)		(Describe vehicle in "Mode of Transportation" section)
<input type="checkbox"/> Other (provide details)				

MODE OF TRANSPORTATION			
Vehicle (Including 4WD/Motorcycle)		Snowmobile	
State <input type="checkbox"/>	Plate # <input type="checkbox"/>	State <input type="checkbox"/>	Plate # <input type="checkbox"/>
Make <input type="checkbox"/>	Model <input type="checkbox"/>	Make <input type="checkbox"/>	Model <input type="checkbox"/>
Color <input type="checkbox"/>	Rental? <input type="checkbox"/> Yes <input type="checkbox"/> No	Color <input type="checkbox"/>	Rental? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parking Location <input type="checkbox"/>		Parking Location <input type="checkbox"/>	
Aircraft		Off-Road Vehicle (ORV)	
State <input type="checkbox"/>	N-Number <input type="checkbox"/>	State <input type="checkbox"/>	Plate # <input type="checkbox"/>
Make <input type="checkbox"/>	Model <input type="checkbox"/>	Make <input type="checkbox"/>	Model <input type="checkbox"/>
Color <input type="checkbox"/>	Rental? <input type="checkbox"/> Yes <input type="checkbox"/> No	Color <input type="checkbox"/>	Rental? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parking Location <input type="checkbox"/>		Parking Location <input type="checkbox"/>	
Watercraft (Includes boats, canoe, kayak, river raft, packraft, etc.)			
State <input type="checkbox"/>	Hull Reg. # <input type="checkbox"/>		
Type <input type="checkbox"/>	Make <input type="checkbox"/>		
Model <input type="checkbox"/>	Size (Feet) <input type="checkbox"/>		
Color <input type="checkbox"/>	Rental? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Launch Site <input type="checkbox"/>			
Take Out Location <input type="checkbox"/>			
Launch Date <input type="checkbox"/>			
Take Out Date <input type="checkbox"/>			
Trailer Parking Location <input type="checkbox"/>			
(Not used)			

EQUIPMENT Fields marked with an * are check-off only <i>*Please See Notices Section for Additional Information</i>			
<input type="checkbox"/> Approved Bear Resistant Food Storage Container *	<input type="checkbox"/> Avalanche Shovel *	<input type="checkbox"/> Avalanche Probe Poles *	
<input type="checkbox"/> Avalanche Transceiver *	<input type="checkbox"/> Camp Stove *	<input type="checkbox"/> Climbing Rope (length <input type="checkbox"/>)	
<input type="checkbox"/> Compass *	<input type="checkbox"/> Fire Starter *	<input type="checkbox"/> GPS Unit *	
<input type="checkbox"/> Human Waste Disposal/Pack Out System *	<input type="checkbox"/> Ice Axe *	<input type="checkbox"/> Map *	
<input type="checkbox"/> Skis *	<input type="checkbox"/> Snowshoes *	<input type="checkbox"/> Supplemental Oxygen *	
<input type="checkbox"/> Water Purification Device/System *	<input type="checkbox"/> Whistle *	<input type="checkbox"/> Other equipment (specify)	
<input type="checkbox"/> Climbing Hardware	<i>List All Hardware</i>		
<input type="checkbox"/> <i>Cellular Telephone *</i> (include type, service provider, & quantity)	Type <input type="checkbox"/>	Service Provider <input type="checkbox"/>	Quantity <input type="checkbox"/>
<input type="checkbox"/> <i>Satellite Telephone *</i> (include type, service provider, & quantity)	Type <input type="checkbox"/>	Service Provider <input type="checkbox"/>	Quantity <input type="checkbox"/>
<input type="checkbox"/> <i>Personal Locator Beacon or Device *</i> (include type and service provider)	Type <input type="checkbox"/>	Service Provider <input type="checkbox"/>	
<input type="checkbox"/> Radio	Type <input type="checkbox"/>	Frequency(ies) <input type="checkbox"/>	
<input type="checkbox"/> Emergency signaling devices	Type U.S. Air Force type signal mirror Signal panel		Quantity <input type="checkbox"/> <input type="checkbox"/>

	Other (list):	
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<input type="checkbox"/> Tent or Shelter (Including hammock)	Type []	Color []	Quantity []
<input type="checkbox"/> ATV	Type []	Color []	Quantity []
<input type="checkbox"/> Bicycle	Type []	Color []	Quantity []
<input type="checkbox"/> Snow Sled/Sledge	Type []	Color []	Quantity []
<input type="checkbox"/> Water Craft or Vessel (including kayak and canoe)	Type []	Color []	Quantity []
<input type="checkbox"/> Aircraft	Type []	Color []	N-Number []
<input type="checkbox"/> Pack & Saddle Stock	Type []	Type []	Quantity []
<input type="checkbox"/> First Aid Kits	<input type="checkbox"/> Minor <input type="checkbox"/> Major		Quantity []
<input type="checkbox"/> U.S. Coast Guard Approved Life Jackets	Type Offshore Lifejacket - Type 1 Near Shore Buoyant Vest - Type II Flotation Aid - Type III Throwable Device - Type IV (includes boat cushions, ring buoys, and horseshoe buoys) Special Use Device - Type V (includes include work vests, deck suits, and hybrids for restricted use) Inflatable Life Jackets		Quantity [] [] [] [] []
<input type="checkbox"/> Backpack	Type []	Color []	
<input type="checkbox"/> Footwear	Type []	Size []	
<input type="checkbox"/> Dog Team/Sled			# of Dogs []

ITINERARY DETAILS

Start Date	End Date	Entry Location	Exit Location
Date		[Campground/Trail Name or Code]	
Night 1 - Date	[]	[]	
Night 2 - Date	[]	[]	
Night 3 - Date	[]	[]	
Night 4 - Date	[]	[]	
Night 5 - Date	[]	[]	
Night 6 - Date	[]	[]	
Night 7 - Date	[]	[]	

Additional Choices: If all choices above are unavailable, the Backcountry Information Center will retry using options selected below:

# of Campsites []	Trip Length (# of nights) []	Group Size []	Minimum Group Size []	
Flexible Itinerary? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Similar/Nearby Campsites <input type="checkbox"/> Reverse Itinerary	<input type="checkbox"/> Alternate Dates [] to []	Earliest Start Date []	Latest Start Date []

PAYMENT INFORMATION				
Name on Card █			Billing Phone Number █	
Billing Address █		City █	State █	Zip Code █
Country █				
Method of Payment <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express				
Credit Card Number █		Expiration Date █	CVC Code # (3 digits) █	Total Amount Authorized \$ █
Signature █				Date █
MISCELLANEOUS				
Remarks	█			
Special Instructions	█			
Visitor's Signature	Date	Issuing Officer's Signature	Date/Time	

(PARK SPECIFIC FIELDS – TO BE USED **ONLY** BY THE SPECIFIED PARKS)

GREAT SMOKEY MOUNTAIN NATIONAL PARK <i>Appalachian Trail Thru-Hiker Backcountry Permit</i>	
<input type="checkbox"/> 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: <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound	
Estimated date you will begin your hike through <input style="width: 50px;" type="text"/> National Park.	(Specify Date) <input style="width: 50px;" type="text"/>

YELLOWSTONE NATIONAL PARK	
I will use the Yellowstone Lake boat shuttle to camp on:	
<input type="checkbox"/> Boat <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Shore <input style="width: 50px;" type="text"/>

YOSEMITE NATIONAL PARK	
Half Dome	
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) <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Permits <input style="width: 50px;" type="text"/>
If Half Dome permits are NOT available for my trip (check):	<input type="checkbox"/> Please do NOT process this reservation <input type="checkbox"/> Make this wilderness permit reservation without Half Dome permits. I understand that there are no refunds for wilderness permit reservations

Half Dome Lottery			
Group Leader Information		Alternate Group Leader Information	
Group Leader	Date of Birth	Group Leader	Date of Birth
Applying For			
Facility	Permit Type	Entrance	
Preferred Choice		Alternative Choice 1	
Permit Entry Date	Permit Group Size	Permit Entry Date	Permit Group Size

Donohue Pass	
I would like to exit over Donohue Pass on this overnight wilderness trip. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the Donohue Pass Exit quota is NOT available for my trip (check):	<input type="checkbox"/> No Please do NOT process this reservation <input type="checkbox"/> Make this wilderness permit reservation without the Donohue Pass Exit. I understand that there are no refunds for wilderness permit reservations
<input type="checkbox"/> Own Canister <input type="checkbox"/> Bear Lockers (HSC/LYV Only) <input type="checkbox"/> Rented Canister (Include canister numbers)	
Make/Model of Bear Canister(s) <input style="width: 100px;" type="text"/>	
Will the trail you are traveling on exit Yosemite National Park and enter a different wilderness area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> I have read and agree to the Yosemite Camping rules and regulations. <input type="checkbox"/> I have read the terms and conditions.	

Winter Self-Registration	
Equipment Carried (Example: stove, sleeping bag, bivy sack, shovel, skins). List all gear items (to include make/model/color): <input style="width: 100%; height: 40px;" type="text"/>	
Trip leader's signature	Date

GRAND CANYON NATIONAL PARK			
Please provide desert and/or Grand Canyon hiking experience. [Redacted]			
Daily Itinerary Details (use additional pages if necessary)			
Date	Daily Mileage (very important)	Trail / Route to be Taken / Camp Location / Use Area	
Night 1	[Redacted]	[Redacted]	
Night 2	[Redacted]	[Redacted]	
Night 3	[Redacted]	[Redacted]	
Night 4	[Redacted]	[Redacted]	
Night 5	[Redacted]	[Redacted]	
Night 6	[Redacted]	[Redacted]	
Night 7	[Redacted]	[Redacted]	
River Trip Leader Information (Permit Applicant)			
Date of most recent recreational Colorado River trip [Redacted]	User name [Redacted]		Password [Redacted]
To be notified via email about the main lottery or any follow-up lotteries, you MUST CHOOSE TO OPT-IN by checking the corresponding boxes below.			
Annual Lotteries: I want to be notified by email about the main lottery (held in February).			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancellations: I want to hear about follow-up lotteries with launch dates in: (select all months you are interested in)			
<input type="checkbox"/> January	<input type="checkbox"/> April	<input type="checkbox"/> July	<input type="checkbox"/> October
<input type="checkbox"/> February	<input type="checkbox"/> May	<input type="checkbox"/> August	<input type="checkbox"/> November
<input type="checkbox"/> March	<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> December
River Trip Lottery Information			
Date of most recent recreational Colorado river trip:			
Select up to five launch date choices from available list of follow-up lottery launch dates:		For your launch date choices, list user names of potential alternate trip leaders:	
[Enter launch dates]		[List user names]	
	Date	Potential Alternate Trip Leader	
1 st Choice	[Redacted]	[Redacted]	
2 nd Choice	[Redacted]	[Redacted]	
3 rd Choice	[Redacted]	[Redacted]	
4 th Choice	[Redacted]	[Redacted]	
5 th Choice	[Redacted]	[Redacted]	
Qualified Boat Operator Information			
Last Name [Redacted]		First Name [Redacted]	MI [Redacted]
Suffix [Redacted]			
Street Address [Redacted]			
City [Redacted]		State [Redacted]	Country [Redacted]
Zip Code [Redacted]			
Date of Birth [Redacted]	Day Phone [Redacted]		Evening Phone [Redacted]
Email Address [Redacted]			
Qualified boat-operator river experience [Redacted]			

River Trip Participant Information (information required for each participant)			
Last Name █	First Name █	MI █	Suffix █
Street Address █			
City █		State █	Zip Code █
Country █			
Date of Birth █	Day Phone █	Evening Phone █	
Email Address █			
Date and location where participant will join the river trip █		Date and location where participant will leave the river trip █	

River Trip Information			
Date this trip passes Phantom Ranch █	Date this trip passes or takes out at Diamond Creek █	No. of participants launching from Lees Ferry █	
Number of participants joining the trip after Lees Ferry but before Diamond Creek █		Number of participants leaving the trip after Lees Ferry but before Diamond Creek █	
Number of participants joining the trip at Diamond Creek █		Number of participants leaving the trip at Diamond Creek █	
Number of children age 15 and younger on the trip █	Number of adults (age 16 and over) covered under this pass █	Pass Serial Number(s) █	River Trip Takeout Date
River Trip Takeout Location <input type="checkbox"/> Diamond Creek <input type="checkbox"/> Pearce Ferry <input type="checkbox"/> South Cove		River Trip Type <input type="checkbox"/> Motor <input type="checkbox"/> Non-motor <input type="checkbox"/> Non-motor support (hybrid)	
<input type="checkbox"/> By checking this box you agree to attend the Lees Ferry orientation program.			
<input type="checkbox"/> By checking this box you acknowledge that you read and understood the Grand Canyon National Park noncommercial river trip notice of penalties.			
<input type="checkbox"/> By checking this box you agree to the terms of the Grand Canyon National Park noncommercial use affidavit and certify that all of the information provided by you and members of your party is true and complete to the best of your knowledge.			

CANYONLANDS NATIONAL PARK

River Trip Information	
River Use Information	
<i>Please do not use this form for land-based trip reservations.</i>	
<input type="checkbox"/> Cataract Canyon (\$30 + 20 per person *)	<input type="checkbox"/> Flat Water (\$30 + 20 per person *)
Number of People* █ Number of Boats (Describe in Section 5) █	
<i>* In addition to the trip fees shown above, Canyonlands now charges \$20 per person for all private River Use Permits. For example, a Cataract Canyon trip with five people now costs \$30 (permit fee) + \$100 (per person fee for five people), or \$130.</i>	

Park Entry Point	Take-out Information
<input type="checkbox"/> Mineral Bottom <input type="checkbox"/> Potash Launch Date █	Location █ Date █
	Upriver Shuttle? <input type="checkbox"/> Tag-A-Long Expeditions <input type="checkbox"/> Tex's Riverways

Other Details
█

GLACIER BAY NATIONAL PARK AND PRESERVE		
Dry Bay Arrival (Permit Date): [REDACTED]	Planned Put-in Date: [REDACTED]	Launch Location: [REDACTED]
<p><i>NOTE: If you are travelling through Kluane National Park and Reserve (Parks Canada) on the Upper Alsek, you must also have a put-in date/permit through Kluane NP&R. Please contact them at (867) 634-7207.</i></p> <p><i>I HAVE READ AND AGREE TO COMPLY WITH THE ALSEK RIVER PERMIT GUIDELINES</i></p>		
Would you like the above information shared with other boaters, including commercial companies, who might want to coordinate campsites/put-ins/shuttles? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How do you propose to handle a serious injury? (Remoteness should be given a strong consideration.)	[REDACTED]	
E. Describe Spare Items: Repair kits and spare means of propulsion for watercraft. [REDACTED]		
A. Describe how garbage and dishwater will be disposed of and/or handled while on the trip. (A straining screen and "organics" container are recommended.) [REDACTED]		
B. Describe your human waste carryout system (brand or method). This is a mandatory requirement. [REDACTED]		
A. In the event that your party is in need of emergency assistance (medical evacuation, search and rescue, or emergency message), please describe in detail any information that would be helpful in locating your party from an aircraft. This includes colors and types of boats, rigging, tarps, tents, or other unusual equipment. [REDACTED]		
B. Describe your human waste carryout system (brand or method). This is a mandatory requirement. [REDACTED]		

ESTIMATED ITEMIZED EXPENSES		
<i>Please list the approximate expenses directly related to your river trip. Do not include expenses such as travel that would not be shared by all.</i>		
Food:		█
Rental Equipment:		█
List Equipment:	█	
	█	
	█	
	█	
	█	
	█	
	█	
	█	
	█	
	█	
Rented From: (Name of equip. rental company)	█	
Car Shuttle to Dalton Post or Haines Junction:		█
Arranged With: (Name of car shuttle company)	█	
Air Taxi from Dry Bay:		█
Arranged With: (Name of air taxi company)	█	
Other:	█	█
	█	█
	█	█
	█	█
	█	█
	█	█
	█	█
	█	█
Total Cost to be Shared:		█
Number of Participants:		█

Your signature as trip permittee on this affidavit indicates that you have considered the terms/conditions of the permit. You are aware of the penalties, should violations occur (see next page) and that your trip is organized and will be conducted in accordance with the provisions and requirements of a **noncommercial** river trip as specified below:

1. A noncommercial river trip must be participatory in nature. All members of the group must share trip preparation and conduct of the trip.
2. The purpose of the trip must be for its recreational values. The trip will not be conducted for the following reasons:
 - a) Monetary gain for any trip participant.
 - b) Acquisition of new equipment to the advantage of an individual, group, or organization.
 - c) Amortization of equipment.
3. Collecting a set fee (monetary compensation), payable to a trip participant, individual, group, or organization, for conducting, leading or guiding a noncommercial river trip is not allowed. The trip permittee should delegate responsibility (financial and otherwise) for various aspects of trip preparation and conduct.
4. Trips may be considered noncommercial even though a member of the trip receives a salary, under their normal scope of employment, from an educational institution or non-profit organization, but not directly through fees contributed by members of the party.
5. The use of advertising in any form or through any means in order to promote, foster or solicit participation in a noncommercial river trip is strictly prohibited.
6. The permittee must be present for the entire river trip. The permittee must be at least 18 years of age.
7. The approved permit is not transferable.
8. One non-commercial trip per year per person is allowed, so that others may enjoy the experience.

I have read and fully understand the requirements associated with the use of this noncommercial river permit and agree to assume full responsibility for the conduct of my entire party in obeying these rules and regulations. I am fully cognizant of the penalties involved should I and/or members of my party knowingly violate these rules and regulations. All application information is collected pursuant to guidelines established in 5 USC 552 A-E (1990).

By my signature I certify that all of the information provided by me and members of my party are true and complete to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

NOTICE OF PENALTIES
(Glacier Bay National Park and Preserve)

As trip permittee you have the responsibility for ensuring this trip and all participants comply with the terms and conditions of the permit.

In the event that any violations of the permit, any and/or all trip members may be subject to the following legal and/or administrative penalties, depending on the nature of the violation.

- A. A mandatory appearance before the U.S. Magistrate in Juneau or Anchorage, Alaska.
- B. A fine of not more than \$5,000 for each violation.
- C. Imprisonment of not more than 6 months.
- D. Forfeiture of gear and equipment used.
- E. Revocation of an approved river trip permit and trip termination at any point within the park, including the removal of any and/or all trip members along with their equipment from Glacier Bay National Park and Preserve with all costs borne by the permittee and trip participants.

NOTICES

Notice Regarding the Use of Cell/Satellite Phones and Personal Locator Beacons

Communication devices may be helpful, but do not guarantee your safety or rescue. It is your responsibility to accept the risks inherent with your trip and to be self-reliant in the event of an emergency.

Privacy Act Statement

General: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 21, 1984, for individuals completing this form.

Authority: 54 U.S.C. §100101, NPS Organic Act; 16 U.S.C. 1131-1136, Wilderness Act; 43 U.S.C. §1701 et seq., the Federal Land Policy and Management Act; 54 U.S.C. §200301-200310, Land and Water Conservation Fund Act, as amended; 16 U.S.C. §6801-6814, the Federal Lands Recreation Enhancement Act; 36 CFR Part 71, Recreation Fees; and, 36 CFR 1.6, Permits.

Purpose and Uses: To establish and verify an applicant's eligibility for a permit to conduct certain activities within the National Park System and to process permits for individual members of the public and organizations interested in obtaining a permit authorizing an activity. Information collected will be used to provide the public and permittees with permit-related information, to monitor activities conducted under a permit, to analyze data and produce reports to monitor the use park resources, to assess the impact of permitted activities on the conservation and management of protected species and their habitats, and to evaluate the effectiveness of the permit programs. The DOI and NPS may use the information to meet reporting requirements, to generate budget estimates and track performance, and to assist park staff with visitors' education, fee collection, resource management and protection, recreational use planning, law enforcement and public safety personnel for such purposes as emergency contact and search and rescue efforts; to provide permit holders and participants with information about parks and their partners; and to provide reports of activities conducted under an issued permit.

Based on the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, the National Park Service may share information with first responders and Federal, state, and local governments to provide information needed to locate an individual or render aid in an emergency; to recover debts owed to the United States; to respond to a violation or potential violation of the law; in response to a court order and/or discovery purposes related to litigation; or other authorized routine use when the disclosure is compatible with the purpose for which the records were compiled.

Effects of Nondisclosure: It is in your best interest to answer all of the questions. The U.S. Criminal Code, Title 18 U.S.C. 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 or 5 years in prison, or both. Deliberately and materially making false or fraudulent statements on this form will be grounds for not granting you a Backcountry/Wilderness Use Permit.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): Your Social Security Number is not needed to complete this form.

Paperwork Reduction Act Statement

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) and 36 CFR 1-7, 12 and 13 which authorize the National Park Service to require applicants to fill out this form to monitor resources and to protect visitors. This information is being collected to allow the park management to make value judgements necessary to enhance the safety and enjoyment of both the visitors and wildlife. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Estimated Burden Statement

Public Reporting burden for this form is estimated to average 8 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, 12201 Sunrise Valley Dr. (MS-242), Reston, VA 20192. Do not send this application to this address but rather to the address at the top of the first page.