## USDA FOREST SERVICE HOLDER INITIATED REVOCATION OF EXISTING AUTHORIZATION REQUEST FOR A SPECIAL-USE PERMIT OR TERM SPECIAL-USE PERMIT

PART I - REQUEST FOR REVOCATION (Completed by c I (We), the undersigned holder(s) of a special-use authorizat National Forest System lands for have	
(Mark one box with "X")	
conveyed all my (our) right, title, and interest in and to permit to:	to the improvements located on the parcel covered by said
entered into a contract for the sale of the improveme retained title to said improvements until completion	nts located on the parcel covered by said permit but have of payment under said contract with:
New Owner (1):(Please Print)	Address:
New Owner (2):	Address:
(Please Print)	Phone: ( )
Accordingly, I (we) request that the special-use authorization owner(s) that (1) the current authorization is not transferable there are terms and conditions for the use of National Forest prior to acquisition of improvements. The remaining balance owner(s) named above, if an authorization is issued.	System lands; (4) and they must contact the Forest Service
Holder (1):(Please Print)	Holder (2):(Please Print)
Signature:(Please Print)	Signature:  Date: (mm/dd/yyyy)
PART II - REQUEST FOR A NEW PERMIT OR TERM PER Request is made for a special use authorization to cover the referred to above, and for the same purpose, subject, howev circumstances may warrant. I (We) acknowledge that this is Forest System lands is not authorized until an authorization understand that an administrative fee may be charged by the authorization to use or occupy National Forest System lands	MIT (Completed by new owner - Requester) same parcel of land or use covered by the authorization ver, to such new conditions and stipulations as the a request only, and that the use and occupancy of National is signed and issued by an authorized officer. I (We) also be Forest Service to process this request for a new
Requester(1):(Please Print)	Phone: ( )
	E - Mail:
Signature:	FAX: ( )
Requester(2):(Please Print)	
Signature:	Date: (mm/dd/yyyy)

18 U.S.C. § 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction. Anyone who knowingly or willfully makes or uses any false writing shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

PLEASE ATTACH BILL OF SALE, DEED, OR OTHER DOCUMENTATION VERIFYING PURCHASE OF IMPROVEMENTS

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 0596-0082. The time required to complete this information collection is estimated to average30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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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.

PART III - REQUEST CHECKLIST (Comple	ted by Administrator	Case Manager)			
Does the current use and occupancy of Na and local laws, regulations, orders, and po Yes comply?					
No					
<ol> <li>Is the current use and occupancy of National Forest System lands and facilities being conducted in a manner that is consistent with established standards and guidelines in the Forest Land and Resource Management Plan? If</li></ol>					
No					
3. What was the date of last inspection? What was undesirable or unacceptable cor			facilities? (D	escribe	
No					
4. Does the requester(s) owe any fees to the Yes yes, identify fees owed.	e Forest Service from a —	prior or existing specia	ıl-use author	ization? If	
No					
5. Is the requester(s) qualified to hold an aut  Yes	horization for the subje	ct use and occupancy?	If not, why	?	
No					
6. Can the requester(s) demonstrate technica  Yes occupancy, and fully comply wit				nd	
No					
7. Is there someone authorized by the reque			omeone willi	ng to accept	
No					
Remarks:					
Signature of Administrator /Case Manager	r:		Date:	(mm/dd/yyyy)	
PART IV - AUTHORIZED OFFICER					
The request and/or requester do not mee this request to issue an authorization to Part I of this form.					
The request and the requester meet the to issue an authorization to use or occup form.					
Signature:	Title:	Date:	(mm/dd/yy	yy)	