



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 in the list or add any fields to the list. Changes or additions must be approved by OMB through the Bureau Information Collection Clearance Officer, Phadrea Ponds [970-267-7213].

APPLICANT INFORMATION (All Fields in this Section are Mandatory for Every Park)			
When approved by NPS park official, this single-visit permit authorizes:			
Last Name	First Name	Middle Initial	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street or Physical Address			
<input type="text"/>			
City	State/Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>NOTE TO PARKS: You may select from the menu of information fields below to customize your park-specific permit, <i>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</i>, you <u>do not</u> have to use and may remove any of the remaining fields. You <u>may not change</u> any fields or <u>add</u> 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, Phadrea Ponds [970-267-7213].</p>			
MISCELLANEOUS INFORMATION			
Contact Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Fax	Driver's License/Identification ##	Issuing State or Province <input type="checkbox"/> USA <input type="checkbox"/> Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you have an America the Beautiful Pass? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have an Interagency Access or Senior Pass? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", pass #: <input type="text"/>		If "Yes", pass #: <input type="text"/>	
Group/Organization Type (Boy/Girl Scouts, SUP, Church, Youth Camp, etc.)		No. of Permits Requested (Large Groups, Multiple Leaders)	
<input type="text"/>		<input type="text"/>	
Group Name		No. of Trips Requested	No. of People Per Trip
<input type="text"/>		<input type="text"/>	<input type="text"/>
Commercial Guided Trip?	No. of People in Party	No. of Youth < Age {#}	No. of Adults > Age {#}
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Names of Group Members <input type="text"/>			
Frequent Hiker Membership (Waives the \$ <input type="text"/> permit fee for <input type="text"/> months from date of purchase)		<input type="checkbox"/> I am already a member <input type="checkbox"/> Please enroll me for <input type="text"/> years \$ <input type="text"/>	
Commercial Use Authorization (CUA) Permit # <input type="text"/>		<input type="checkbox"/> No thanks <input type="checkbox"/> Use hiker credit on file	
Emergency Point-of-Contact Name <input type="text"/>		Research Permit and Reporting System (RPRS) Permit # <input type="text"/>	
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Colleague		Emergency Point-of-Contact Phone Number <input type="text"/>	
Emergency Point-of-Contact City/State/Province/Country <input type="text"/>			
Will you bring a service dog? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously completed or received a mandatory permit orientation or briefing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: <input type="text"/>			
Have you read and agree to all need to know information? <input type="checkbox"/> Yes <input type="checkbox"/> No			

For the purposes of improving your visit, the NPS may seek to understand more about your experience. Are you willing to be contacted by the NPS to participate in future visitor surveys and/or social science studies? Yes No

TYPE OF BACKCOUNTRY/WILDERNESS USE REQUESTED (Check All That Apply)

**** Prohibited in Wilderness Areas (Exceptions may apply to previously established use of aircraft or motorboats pursuant to the Wilderness Act, Sec. 4(d)(1))**

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Backpacking | <input type="checkbox"/> Mountaineering | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Rafting | <input type="checkbox"/> Mountain Climbing | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Packrafting | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Motorboating ** |
| <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Bouldering | <input type="checkbox"/> Mountain Biking ** |
| <input type="checkbox"/> Snowshoeing | <input type="checkbox"/> Sea Kayaking | <input type="checkbox"/> Canyoneering | <input type="checkbox"/> Snowmobiling ** |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Drift boat floating | <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> ATVOHV Use ** |
| <input type="checkbox"/> Pack and Saddle Stock Use | <input type="checkbox"/> Dog Mushing/Sledding | <input type="checkbox"/> Sail boating | <input type="checkbox"/> Other |

MODE OF TRANSPORTATION

Filed marked with ** are prohibited in Wilderness Areas (Exceptions may apply to previously established use of aircraft or motorboats pursuant to the Wilderness Act, Sec. 4(d)(1))

Motor Vehicle(s) (Including ORVs and Motorcycles) **

Snowmobile(s) **

State/Province Registration/Plate #
 Make Model
 Color Rental? Yes No
 Parking Location

State/Province Registration/Plate #
 Make Model
 Color Rental Yes No
 Parking Location

Aircraft **

Watercraft

Registration N-Number
 Make Model
 Number Color
 Landing Area (Drop Off)
 Landing Area (Pick Up)
 Commercial Air Taxi Yes No
 Name of Company

Types: Canoe(s), kayak(s), raft(s), packraft(s), drift boat(s), motorized vessel(s), sailboat(s), other:
 Type Number
 Make Model Colors
 Length Horsepower **
 State/Province Hull Registration #
 Launch Location Launch Date
 Take Out Location Take Out Date
 Trailer Parking Location Rental Yes No

EQUIPMENT (Check All That Apply & Indicate Quantity Where Appropriate)

**Fields marked with * are referenced in the Special Notices Section
 Fields marked with ** are prohibited in Wilderness Areas**

- | | | |
|--|--|--|
| <input type="checkbox"/> Approved Bear Resistant Food Storage Container(s) | <input type="checkbox"/> Bear Spray | <input type="checkbox"/> Electric Bear Fence |
| <input type="checkbox"/> Avalanche Transceiver(s) | <input type="checkbox"/> Avalanche Shovel(s) | <input type="checkbox"/> Avalanche Probe Pole(s) |
| <input type="checkbox"/> Camp Stove(s) | <input type="checkbox"/> Climbing Helmet(s) | <input type="checkbox"/> Climbing Rope(s) (length <input type="text"/>) |
| <input type="checkbox"/> Compass | <input type="checkbox"/> GPS Device(s) | <input type="checkbox"/> Maps |
| <input type="checkbox"/> Human Waste Disposal/Pack Out System(s) | <input type="checkbox"/> Whistle | <input type="checkbox"/> Headlamp/Flashlight |
| <input type="checkbox"/> Skis | <input type="checkbox"/> Snowshoes | <input type="checkbox"/> Snowboard(s) |
| <input type="checkbox"/> Supplemental Oxygen | <input type="checkbox"/> Fire Starter | <input type="checkbox"/> Extra paddle or oar |
| <input type="checkbox"/> Water Purification Device/System(s) | <input type="checkbox"/> Ice Axes(s) | <input type="checkbox"/> Other (specify) <input type="text"/> |

Climbing Hardware (list here)

<input type="checkbox"/> Cellular Telephone(s) * (include type, service provider, phone # and quantity)	Type(s) <input type="text"/>	Service Provider(s) & Phone #(s) <input type="text"/>
<input type="checkbox"/> Satellite Telephone(s) * (include type, service provider, phone # and quantity)	Type(s) <input type="text"/>	Service Provider(s) & Phone #(s) <input type="text"/>
<input type="checkbox"/> Personal Locator Beacon(s) or Device(s) * (include type and service provider)	Type(s) <input type="text"/>	Service Provider(s) & Phone #(s) <input type="text"/>
<input type="checkbox"/> Radio(s) *	Type(s) <input type="text"/>	
	Type	Quantity
	U.S. Air Force type signal mirror	<input type="text"/>
<input type="checkbox"/> Emergency signaling devices	Signal panel	<input type="text"/>
	Signal flare	<input type="text"/>
	Signal strobe	<input type="text"/>
	Other (list):	<input type="text"/>
<input type="checkbox"/> Tent or Shelter (Including hammock)	Type(s) <input type="text"/>	Color(s) <input type="text"/>
		Quantity <input type="text"/>
<input type="checkbox"/> Bicycle or Mountain Bike**	Type(s) <input type="text"/>	Color(s) <input type="text"/>
		Quantity <input type="text"/>
<input type="checkbox"/> Snow Sled/Sledge	Type(s) <input type="text"/>	Color(s) <input type="text"/>
		Quantity <input type="text"/>
<input type="checkbox"/> Pack & Saddle Stock	Type(s) <input type="text"/>	Quantity <input type="text"/>
		Quantity <input type="text"/>
<input type="checkbox"/> First Aid Kits		Type Quantity
		<input type="checkbox"/> Minor <input type="checkbox"/> Major
		Quantity <input type="text"/>

U.S. Coast Guard Approved Personal Flotation Devices

<input type="checkbox"/> Offshore Lifejacket - Type 1	Quantity <input type="text"/>
<input type="checkbox"/> Near Shore Buoyant Vest - Type II	Quantity <input type="text"/>
<input type="checkbox"/> Flotation Aid - Type III	Quantity <input type="text"/>
<input type="checkbox"/> Throwable Device - Type IV (boat cushions, ring buoys, horseshoe buoys, throw bags, and throw lines)	Quantity <input type="text"/>
<input type="checkbox"/> Special Use Device - Type V (includes include work vests, deck suits, and hybrids for restricted use)	Quantity <input type="text"/>
<input type="checkbox"/> Inflatable Life Jackets	Quantity <input type="text"/>

<input type="checkbox"/> Backpack	Type(s) <input type="text"/>	Color(s) <input type="text"/>
<input type="checkbox"/> Footwear	Type(s) <input type="text"/>	Size(s) <input type="text"/>
<input type="checkbox"/> Dog Team/Sled(s)	# of Sleds <input type="text"/>	# of Dogs <input type="text"/>

ITINERARY DETAILS				
Start Date	End Date	Entry Location	Exit Location	
█	█	█	█	
Night	Date	Campsite /Camp Location /Use Area/Trail or Route		
Night 1	█	█		
Night 2	█	█		
Night 3	█	█		
Night 4	█	█		
Night 5	█	█		
Night 6	█	█		
Night 7	█	█		
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"/> Similar/Nearby Campsites	<input type="checkbox"/> Alternate Dates	Earliest Start Date	Latest Start Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Reverse Itinerary	█ to █	█	█
PERMIT FEE PAYMENT INFORMATION				
Name on Card			Billing Phone Number	
█			█	
Billing Address		City	State/Province	Postal 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				
Fee Discounts: <input type="checkbox"/> Interagency Access Pass <input type="checkbox"/> Interagency Annual Senior Pass <input type="checkbox"/> Interagency Lifetime Senior Pass				
<input type="checkbox"/> Golden Access Pass <input type="checkbox"/> Golden Age Pass				
Credit Card Number		Expiration Date	CVC Code #	Total Amount Authorized
█		█	█	\$ █
Signature				Date
█				█
MISCELLANEOUS				
Notice Regarding the Use of Cell Phones, Satellite Phones, and Personal Locator Devices				
Special Notice ** 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.				
Remarks	█			
Special Instructions	█			
SIGNATURES				
Visitor's Signature	Date	Issuing Officer's Signature	Date/Time	
█	█	█	█	

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

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	<input type="checkbox"/> Flat Water
Number of People * <input type="text"/> Number of Boats Vessels (Describe in Other Details) <input type="text"/>	
Park Entry Point	Take-out Information
<input type="checkbox"/> Mineral Bottom <input type="checkbox"/> Potash Launch Date <input type="text"/>	Location <input type="text"/> Date <input type="text"/> Upriver Shuttle Company (if using one): <input type="text"/> –
Other Details	
<input type="text"/>	

GREAT SMOKY MOUNTAINS 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 type="text"/> National Park.	(Specify Date) <input type="text"/>

GRAND CANYON NATIONAL PARK			
Permit Number (issued by Park) <input type="text"/>		Permit request ID (issued by Park) <input type="text"/>	
Please provide desert and/or Grand Canyon hiking experience. <input type="text"/>			
Daily Itinerary Details (use additional pages if necessary)			
	Date	Daily Mileage (very important)	Camp Location / Use Area
Night 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Night 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Night 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Night 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Night 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Night 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Night 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
River Trip Leader Information (Permit Applicant)			
Date of most recent recreational Colorado River trip <input type="text"/>		User name <input type="text"/>	Password <input type="text"/>
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

Grand Canyon National Park continued - 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	[]	[]		
2 nd Choice	[]	[]		
3 rd Choice	[]	[]		
4 th Choice	[]	[]		
5 th Choice	[]	[]		
Qualified Boat Operator Information				
Last Name		First Name		MI
[]		[]		[]
Street Address				
[]				
City		State	Zip Code	Country
[]		[]	[]	[]
Date of Birth		Day Phone		Evening Phone
[]		[]		[]
Email Address				
[]				
Qualified boat-operator river experience				
[]				
River Trip Participant Information (information required for each participant)				
Last Name		First Name		MI
[]		[]		[]
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 with 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.	
Family Member Potential Alternate Trip Leader Information	
Is the proposed PATL an immediate family member? (legal spouses, children, parents, and siblings as well as legal spouses of these children, parents, and siblings) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will the proposed PATL be 18 or older on the launch date? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did the proposed PATL apply in the same lottery? (as either a trip leader or a confirmed PATL) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the proposed PATL already on a recreational river trip the same year as this launch date? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would adding this proposed PATL cause lottery application points to decrease? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Proposed PATL last recreational river trip date: <input style="width: 50px;" type="text"/>	
Proposed PATL last won river trip date: <input style="width: 50px;" type="text"/>	
Proposed PATL Legal Name: <input style="width: 100px;" type="text"/>	
Proposed PATL User Name (from their river profile): <input style="width: 100px;" type="text"/>	

YELLOWSTONE NATIONAL PARK
APPLICANT INFORMATION (Backcountry Permit Application)
Additional Party Members Names:
METHOD OF TRAVEL (Check All That Apply)
I will use the Yellowstone Lake boat shuttle: Yes <input type="checkbox"/> No <input type="checkbox"/>
I am camping at a Yellowstone Lake Dock Site: On my boat? Yes <input type="checkbox"/> No <input type="checkbox"/> On shore? Yes <input type="checkbox"/> No <input type="checkbox"/>

YOSEMITE NATIONAL PARK	
First Nights Camp Location. <input style="width: 50px;" type="text"/>	
<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"/>	
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 \$10.00 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		
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			
Please specify which mountain pass you plan to hike over when exiting Yosemite. 			
<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): 			
Trip leader's signature			Date

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., 16 U.S.C. §6801-6814, the Federal Lands Recreation Enhancement Act; 36 CFR Part 71, Recreation Fees; 36 CFR 1.6, Permits; and 36 CFR 2.23 Recreation Fees.

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 visitor 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.

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, 1201 Oakridge Drive, Fort Collins, CO 80525. Do not send this application to this address but rather to the park address listed at the top of the first page.