

**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 |
|  | | | |  | | | |  |
| Street or Physical Address | | | | | | | | |
|  | | | | | | | | |
| City | | | | State/Province | | Postal Code | | Country |
|  | | | |  | |  | |  |
| **NOTE TO PARKS:** You may select from the menu of 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 or 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, Phadrea Ponds [970-267-7213]. | | | | | | | | |
| **MISCELLANEOUS INFORMATION** | | | | | | | | |
| Contact Phone | Home  Cell  Work | | Email Address | | | | | |
|  |  | | | | | |
| Date of Birth | Fax Number (Optional) | | Driver’s License/Identification ## | | | Issuing State or Province | | Issuing Country |
|  |  | |  | | |  | | USA  Other |
| Do you have an America the Beautiful Pass?  Yes  No | | | | | Do you have an Interagency Access or Senior Pass?  Yes  No | | | |
| If “Yes”, pass #: | | | | | If “Yes”, pass #: | | | |
| Group/Organization Type (Boy/Girl Scouts, SUP, Church, Youth Camp, etc.) | | | | | No. of Permits Requested (Large Groups, Multiple Leaders) | | | |
| Group Name | | | | No. of Trips Requested | | | No. of People Per Trip | |
|  | | | |  | | |  | |
| Commercial Guided Trip? | | | No. of People in Party | | No. of Youth < Age {#} | | No. of Adults > Age {#} | |
| Yes  No | | |  | |  | |  | |
| Names of Group Members | | | | | | | | |
| Frequent Hiker Membership  (Waives the $\_\_\_\_ permit fee for  \_\_\_\_ months from date of purchase) | | | | I am already a member | | | No thanks | |
| Please enroll me for \_\_\_\_ years  $\_\_\_\_ | | | Use hiker credit on file | |
| Commercial Use Authorization (CUA) Permit # | | | | Research Permit and Reporting System (RPRS) Permit # | | | | |
|  | | | |  | | | | |
| Emergency Point-of-Contact Name | | Family  Friend  Colleague | | Emergency Point-of-Contact  Phone Number | | | Emergency Point-of-Contact City/State/Province/Country | |
|  | |  | | |  | |
| Will you bring a service dog?  Yes  No | | | | | | | | |
| Have you previously completed or received a mandatory permit orientation or briefing?  Yes  No If yes, when: | | | | | | | | |
| Have you read and agree to all need to know information?  Yes  No | | | | | | | | |

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|  |
| 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 |

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| **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))* | | | | | | | | | | | | | |
| Camping | | | | Backpacking | | | Mountaineering | | | | | Fishing | |
| Hiking | | | | Rafting | | | Mountain Climbing | | | | | Hunting | |
| Canoeing | | | | Packrafting | | | Rock Climbing | | | | | Motorboating \*\* | |
| Cross Country Skiing | | | | Kayaking | | | Bouldering | | | | | Mountain Biking \*\* | |
| Snowshoeing | | | | Sea Kayaking | | | Canyoneering | | | | | Snowmobiling \*\* | |
| Snowboarding | | | | Drift boat floating | | | Scuba Diving | | | | | ATVOHV Use \*\* | |
| Pack and Saddle Stock Use | | | | Dog Mushing/Sledding | | | Sail boating | | | | | 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 # | | | State/Province | | | | Registration/Plate # | | | |
| Make | |  | Model | |  | Make | |  | | Model | | |  |
| Color | |  | Rental? | | Yes  No | Color | |  | | Rental | | | Yes  No |
| Parking Location | | | | | | 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* | | | | | | | | | | | | | |
|  | Approved Bear Resistant Food Storage Container(s) | | | | |  | Bear Spray | |  | | Electric Bear Fence | | |
|  | Avalanche Transceiver(s) | | | | |  | Avalanche Shovel(s) | |  | | Avalanche Probe Pole(s) | | |
|  | Camp Stove(s) | | | | |  | Climbing Helmet(s) | |  | | Climbing Rope(s) (length      ) | | |
|  | Compass | | | | |  | GPS Device(s) | |  | | Maps | | |
|  | Human Waste Disposal/Pack Out System(s) | | | | |  | Whistle | |  | | Headlamp/Flashlight | | |
|  | Skis | | | | |  | Snowshoes | |  | | Snowboard(s) | | |
|  | Supplemental Oxygen | | | | |  | Fire Starter | |  | | Extra paddle or oar | | |
|  | Water Purification Device/System(s) | | | | |  | Ice Axes(s) | |  | | Other (specify) | | |
|  | Climbing Hardware (list here) | | | | | | | | | | | | |

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|  | Cellular Telephone(s) **\***  (include type, service provider, phone # and quantity) | Type(s) | | Service Provider(s) & Phone #(s) | |
|  | Satellite Telephone(s) **\***  (include type, service provider, phone # and quantity) | Type(s) | | Service Provider(s) & Phone #(s) | |
|  | Personal Locator Beacon(s) or Device(s) **\***  (include type and service provider) | Type(s) | | Service Provider(s) & Phone #(s) | |
|  | Radio(s) \* | Type(s) | | | |
|  | Emergency signaling devices | Type | | | Quantity |
| U.S. Air Force type signal mirror | | |  |
| Signal panel | | |  |
| Signal flare | | |  |
| Signal strobe | | |  |
| Other (list): | | |  |
|  | Tent or Shelter  (Including hammock) | Type(s) | Color(s) | | Quantity |
|  |  | |  |
|  | Bicycle or Mountain Bike\*\* | Type(s) | Color(s) | | Quantity |
|  |  | |  |
|  | Snow Sled/Sledge | Type(s) | Color(s) | | Quantity |
|  |  | |  |
|  | Pack & Saddle Stock | Type(s) | | | Quantity |
|  | | |  |
|  | First Aid Kits | | Type | | Quantity |
| Minor | |  |
| Major | |  |
| **U.S. Coast Guard Approved Personal Flotation Devices** | | | | | Quantity |
|  | Offshore Lifejacket - Type 1 | | | |  |
|  | Near Shore Buoyant Vest - Type II | | | |  |
|  | Flotation Aid - Type III | | | |  |
|  | Throwable Device - Type IV (boat cushions, ring buoys, horseshoe buoys, throw bags, and throw lines) | | | |  |
|  | Special Use Device - Type V (includes include work vests, deck suits, and hybrids for restricted use | | | |  |
|  | Inflatable Life Jackets | | | |  |
|  | Backpack | | Type(s) | | Color(s) |
|  | |  |
|  | Footwear | | Type(s) | | Size(s) |
|  | |  |
|  | Dog Team/Sled(s) | | # of Sleds | | # of Dogs |
|  | |  |

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| **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? | | | Similar/Nearby Campsites  Reverse Itinerary | | | | | Alternate Dates | | | Earliest Start Date | | | | Latest Start Date | |
| Yes  No | | | to | | |  | | | |  | |
| **PERMIT FEE PAYMENT INFORMATION** | | | | | | | | | | | | | | | | |
| Name on Card | | | | | | | | | | | | | Billing Phone Number | | | |
|  | | | | | | | | | | | | |  | | | |
| Billing Address | | | | | | City | | | State/Province | | | | Postal Code | | | Country |
|  | | | | | |  | | |  | | | |  | | |  |
| Method of Payment  Check  Money Order  MasterCard  Visa  Discover  American Express | | | | | | | | | | | | | | | | |
| Fee Discounts:  Interagency Access Pass  Interagency Annual Senior Pass  Interagency Lifetime Senior Pass  Golden Access Pass  Golden Age Pass | | | | | | | | | | | | | | | | |
| Credit Card Number | | | | | | Expiration Date | | | | CVC Code # | | | Total Amount Authorized | | | |
|  | | | | | |  | | | |  | | | $ | | | |
| Signature | | | | | | | | | | | | | Date | | | |
|  | | | | | | | | | | | | |  | | | |
| **MISCELLANEOUS** | | | | | | | | | | | | | | | | |
| **Special Notice \*\*** | | **Notice Regarding the Use of Cell Phones, Satellite Phones, and Personal Locator Devices**  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 | | |
|  | | | | |  | |  | | | | | | |  | | |

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

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

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| ***CANYONLANDS NATIONAL PARK*** | | | | | | | | | |
| **River Trip Information** | | | | | | | | | |
| **River Use Information** | | | | | | | | |
| *Please do not use this form for land-based trip reservations.* | | | | | | | | |
| Cataract Canyon | | | | Flat Water | | | | |
| Number of People \*       Number of ~~Boats~~ Vessels (Describe in Other Details) | | | | | | | | |
| **Park Entry Point** | | | | | **Take-out Information** | | | |
| Mineral Bottom | | Potash | Launch Date | | Location | | Date | | |
| Upriver Shuttle Company (if using one): | | |  | |
| **Other Details** | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| ***GREAT SMOKY MOUNTAINS 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 Date)* | | | |
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| ***GRAND CANYON NATIONAL PARK*** | | | | | | | | | |
| Permit Number (issued by Park) | | | | | | | Permit request ID (issued by Park) | | |
| Please provide desert and/or Grand Canyon hiking experience. | | | | | | | | | |
|  | | | | | | | | | |
| **Daily Itinerary Details**  (use additional pages if necessary) | | | | | | | | | |
|  | Date | Daily Mileage (very important) | | | Camp Location / Use Area | | | | |
| Night 1 |  |  | | |  | | | | |
| Night 2 |  |  | | |  | | | | |
| Night 3 |  |  | | |  | | | | |
| Night 4 |  |  | | |  | | | | |
| Night 5 |  |  | | |  | | | | |
| Night 6 |  |  | | |  | | | | |
| Night 7 |  |  | | |  | | | | |
| **River Trip Leader Information**  (Permit Applicant) | | | | | | | | | |
| Date of most recent recreational  Colorado River trip | | | | User name | | | | | Password |
|  | | | |  | | | | |  |
| 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). | | | | | | | | | Yes |
| No |
| Cancellations: I want to hear about follow-up lotteries with launch dates in: (select all months you are interested in) | | | | | | | | | |
| January | | | April | | | July | | October | |
| February | | | May | | | August | | November | |
| March | | | June | | | September | | December | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | | | | | |
| 1st Choice |  | | | |  | | | | | | | | | | | | |
| 2nd Choice |  | | | |  | | | | | | | | | | | | |
| 3rd Choice |  | | | |  | | | | | | | | | | | | |
| 4th Choice |  | | | |  | | | | | | | | | | | | |
| 5th Choice |  | | | |  | | | | | | | | | | | | |
| **Qualified Boat Operator Information** | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | First Name | | | | | | | MI | | Suffix |
|  | | | | | | | |  | | | | | | |  | |  |
| 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 | | 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 | | | | | |
|  | |  | | | | |  | | | | |  | | | | | |

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| --- | --- | --- |
| River Trip Takeout Location | | River Trip Type |
| Diamond Creek  Pearce Ferry  South Cove | | Motor  Non-motor  Non motor with motor support(hybrid) |
|  | By checking this box you agree to attend the Lees Ferry orientation program. | |
|  | By checking this box you acknowledge that you read and understood the Grand Canyon National Park noncommercial river trip notice of penalties. | |
|  | 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  No | | |
| Will the proposed PATL be 18 or older on the launch date? Yes  No | | |
| Did the proposed PATL apply in the same lottery? (as either a trip leader or a confirmed PATL) Yes  No | | |
| Is the proposed PATL already on a recreational river trip the same year as this launch date? Yes  No | | |
| Would adding this proposed PATL cause lottery application points to decrease? Yes  No | | |
| Proposed PATL last recreational river trip date: | | |
| Proposed PATL last won river trip date: | | |
| Proposed PATL Legal Name: | | |
| Proposed PATL User Name (from their river profile): | | |

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| ***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  No |
| I am camping at a Yellowstone Lake Dock Site: On my boat? Yes   No  On shore? Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| ***YOSEMITE NATIONAL PARK*** | | | |
| First Nights Camp Location. | | | |
| Own Canister | | | |
| Bear Lockers (HSC/LYV Only) | | | |
| Rented Canister (Include canister numbers) | | | |
| Make/Model of Bear Canister(s). | | | |
| **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)  Yes  No | | | Number of 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 | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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.  Yes  No | | | | | | | |
| If the Donohue Pass Exit quota is **NOT** available for my trip (check): | | No Please do **NOT** process this reservation | | | | | |
| 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?  Yes  No | | | | | | | |
| Please specify which mountain pass you plan to hike over when exiting Yosemite. | | | | | | | |
| I have read and agree to the Yosemite Camping rules and regulations.  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.