



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
<p>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 <u>do not</u> have to use and may remove any of the remaining fields. You <u>may not change</u> any fields <u>or 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	Home Cell Work	Email Address	
Date of Birth	Fax	Driver's License/Identification ##	Issuing State or Province Issuing Country USA Other
Do you have an America the Beautiful Pass? If "Yes", pass #:	Yes No	Do you have an Interagency Access or Senior Pass? If "Yes", pass #:	Yes No
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? Yes No	No. of People in Party	No. of Youth < Age {#}	No. of Adults > Age {#}
Names of Group Members			
Frequent Hiker Membership (Waives the \$___ permit fee for ___ months from date of purchase)	I am already a member Please enroll me for ___ years \$_____		No thanks 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		

RECORDS RETENTION. TEMPORARY. Destroy 3 years after closure. (NPS Records Schedule, Protection and Safety (N1-79-08-1))

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 #	State/Province	Registration/Plate #
Make	Model	Make	Model
Color	Rental? <input type="checkbox"/> Yes <input type="checkbox"/> No	Color	Rental <input type="checkbox"/> Yes <input type="checkbox"/> No
Parking Location		Parking Location	
Aircraft **		Watercraft	
Registration N-Number		Types: Canoe(s), kayak(s), raft(s), packraft(s), drift boat(s), motorized vessel(s), sailboat(s), other:	
Make	Model	Type	Number
Number	Color	Make	Model
Landing Area (Drop Off)		Length	Horsepower
Landing Area (Pick Up)		State/Province	Hull Registration #
Commercial Air Taxi	<input type="checkbox"/> Yes <input type="checkbox"/> No	Launch Location	Launch Date
Name of Company		Take Out Location	Take Out Date
		Trailer Parking Location	Rental <input type="checkbox"/> Yes <input type="checkbox"/> 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="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="checkbox"/> Climbing Hardware (list here) | | |

RECORDS RETENTION. TEMPORARY. Destroy 3 years after closure. (NPS Records Schedule, Protection and Safety (N1-79-08-1))

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

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	Alternate Dates	Earliest Start Date	Latest Start Date	
Yes No	Reverse Itinerary	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					
<u>Notice Regarding the Use of Cell Phones, Satellite Phones, and Personal Locator Devices</u>					
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>			
Cataract Canyon	Flat Water		
Number of People *	Number of 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		
<i>Appalachian Trail Thru-Hiker Backcountry Permit</i>		
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.	<i>(Specify Date)</i>

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			
<i>(use additional pages if necessary)</i>			
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			
<i>(Permit Applicant)</i>			
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

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 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

River Trip Takeout Location		River Trip Type	
<input type="checkbox"/> Diamond Creek <input type="checkbox"/> Pearce Ferry <input type="checkbox"/> South Cove		<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:			
Proposed PATL last won river trip date:			
Proposed PATL Legal Name:			
Proposed PATL User Name (from their river profile):			

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 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).	
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
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. 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, 12201 Sunrise Valley Drive (MS-242) Reston, VA 20192. Do not send your completed form to this address. Please send to the Park address on the first page.