

7. REFERENCES (at least three, preferably from banks):	
Full Name	ADDRESS, TELEPHONE NUMBERS, AND E-MAIL ADDRESS

You may submit certified financial statements in lieu of completing PARTS A through C below. However, you must complete either the certification statement in PART D.1 or PART D.2 at the bottom of the last page.

PART A. BALANCE SHEET	CURRENT YEAR (MM/DD/YYYY)	PREVIOUS YEAR (MM/DD/YYYY)	YEAR BEFORE PREVIOUS YEAR (MM/DD/YYYY)
YEAR ENDED			
ASSETS			
CURRENT ASSETS			
CASH			
RECEIVABLES			
LESS ALLOWANCES FOR DOUBTFUL ACCOUNTS	()	()	()
INVENTORIES (LIST MAJOR CATEGORIES)			
SUPPLIES AND MISCELLANEOUS ITEMS			
MARKETABLE SECURITIES			
PREPAID EXPENSES			
SUPPLIES INVENTORY			
OTHER CURRENT ASSETS			
TOTAL CURRENT ASSETS			
FIXED ASSETS			
LAND			
BUILDINGS			
MACHINERY AND EQUIPMENT			
PLANT			
LEASEHOLD IMPROVEMENTS			

OTHER			
LESS ALLOWANCE FOR DEPRECIATION	()	()	()
BOOK VALUE OF FIXED ASSETS			
OTHER ASSETS			
CASH DEPOSITS			
SECURITIES			
TOTAL OTHER ASSETS			
TOTAL ASSETS			
LIABILITIES AND OWNER EQUITY			
	CURRENT YEAR (MM/DD/YYYY)	PREVIOUS YEAR (MM/DD/YYYY)	YEAR BEFORE PREVIOUS YEAR (MM/DD/YYYY)
CURRENT LIABILITIES			
ACCOUNTS PAYABLE			
ACCRUED PAYROLL			
ACCRUED PAYROLL TAXES AND INSURANCE			
NOTES PAYABLE			
CURRENT INCOME TAXES			
OTHER TAXES			
CURRENT PORTION OF LONG-TERM DEBT			
OTHER CURRENT LIABILITIES (SPECIFY)			
TOTAL CURRENT LIABILITIES			
OTHER LIABILITIES			
DEFERRED INCOME TAXES			
LOANS FROM OFFICERS OR PARTNERS			
LONG-TERM DEBT LESS CURRENT PORTION OF LONG-TERM DEBT			
TOTAL OTHER LIABILITIES			
TOTAL LIABILITIES			
OWNER EQUITY			
CAPITAL STOCK OUTSTANDING			
RETAINED EARNINGS (DEFICIT)			

PARTNERS' INVESTMENT (DEFICIT)			
TOTAL OWNER EQUITY			
TOTAL LIABILITIES AND OWNER EQUITY			
PART B. SUPPLEMENTAL DATA			
THE INCOME STATEMENT IN PART C IS CASH BASIS _____ ACCRUAL BASIS _____.			
INVENTORIES ARE LIFO _____, FIFO _____, COST, OR MARKET, WHICHEVER IS LOWER _____.			
NAME, ADDRESS, TELEPHONE NUMBERS, AND E-MAIL ADDRESS OF CONTRACTORS OR SUBCONTRACTORS USED TO PREPARE THE INCOME STATEMENT IN PART C (IF ANY):			
PART C. INCOME STATEMENT	CURRENT YEAR (MM/DD/YYYY)	PREVIOUS YEAR (MM/DD/YYYY)	YEAR BEFORE PREVIOUS YEAR (MM/DD/YYYY)
GROSS SALES			
LESS RETURNS AND ALLOWANCES	()	()	()
NET SALES			
LESS COST OF GOODS SOLD	()	()	()
GROSS PROFIT ON SALES			
LESS SELLING EXPENSE	()	()	()
NET PROFIT (LOSS) ON SALES			
GENERAL EXPENSE			
OFFICERS SALERIES			
LEGAL AND OTHER PROFESSIONAL EXPENSE			
OFFICE EXPENSE			
TOTAL GENERAL EXPENSE			
NET OPERATING PROFIT (LOSS)			
PLUS OTHER INCOME			
LESS INTEREST EXPENSE			
INCOME TAXES	()	()	()
OTHER EXPENSES	()	()	()
NET AMOUNT OF OTHER INCOME AND EXPENSES	()	()	()
NET PROFIT (LOSS) FOR YEAR:			

PART D.1. CERTIFICATION FOR CORPORATIONS, LLCs, AND PARTNERSHIPS

We, the undersigned, general officers (or members) of ____ [name of corporation, LLC, or partnership], swear that the above or attached financial statements are true and correct and cover all of the financial affairs of [name of corporation, LLC, or partnership] up to and including [date].

CERTIFYING OFFICIAL'S NAME AND TITLE	SIGNATURE (Sign in ink)	DATE
CERTIFYING OFFICIAL'S NAME AND TITLE	SIGNATURE (Sign in ink)	DATE

SUBSCRIBED AND SWORN TO before me this ____ day of ____, [year].

SIGNATURE	TITLE	(Affix Notary Seal)
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PART D.2. CERTIFICATION FOR INDIVIDUALS

I swear that the above or attached financial statements are true and correct.

INDIVIDUAL'S NAME AND TITLE	SIGNATURE (Sign in ink)	DATE
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SUBSCRIBED AND SWORN TO before me this ____ day of ____ [year].

SIGNATURE	TITLE	(Affix Notary Seal)
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PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, a Federal agency may not conduct or sponsor, and a person is not required to respond to, an information collection request unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection request is 0596-0082. Response to this information collection request is required to obtain or retain benefits, specifically, a special use authorization. The authority for this information collection request is the 36 CFR 251.54(e)(5)(iv) and FSH 6509.18. The time required to complete this information collection request is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, collecting and maintaining the data needed, and completing and reviewing the information collection request. Send comments regarding this burden estimate or any other aspect of this information collection request, including suggestions for reducing the burden, to Forest Service Information Collections Officer, SM.FS.InfoCollect@usda.gov, with OMB control number 0596-0082 in the subject line.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act statement serves to inform you of the following concerning the collection of the information on this form.

Purpose: The Privacy Act of 1974 requires that the Director of Recreation, Heritage, and Volunteer Resources staff and the Director of Lands, Minerals, and Geology Management staff provide the following statements to individuals from whom they request information.

Authority: Collection of this information solicited on this form is authorized by the 36 CFR 251.54(e)(5)(iv) and FSH 6509.18.

Routine Uses: The information collected will be used by Forest Service officials to ensure that your use of National Forest System lands is administered in accordance with applicable statutes, regulations, and directives. The information collected from you is retained in the Special Uses Data System (SUDS) and is retrieved by the Forest Service create reports for the Agency's Special Uses Program, generate bills for collection of land use fees for your authorization, monitor compliance with your special use authorization, and other matters pertaining to administration of your special use authorization. SUDS is a component of the Forest Service's Natural Resources Manager database (NRM). A complete list of the routine uses of NRM can be found in the system of records notice associated with this form, FS-24.

Disclosure: The submission of this information is required to obtain or retain benefits, specifically, a special use authorization.

NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit the completed form or letter to USDA by (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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