



Commercial Activities Special Use Permit Application

Refuge Name:

Address:

Attn: (Refuge Official)

E-Mail:

Phone #:

For Official Use Only:

Approved Permit #:

Station #:

Permit Term: from to

Note: We do not require all information for each use. See instructions at the end of the notice and contact the refuge to determine applicability of a particular item.

1a) Identify the type of Permit you are applying for: **New** **Renewal** **Modification** **Other**

1b) Have you applied, or do you intend to apply, to any other refuges for this same activity? **Yes** **No**

1c) If yes, which refuges?

Applicant Information

2) Full Name: 3) Title:

4) Business Name:

5) Physical Address:

City/State/Zip:

6) Mailing Address: (if different than

above) City/State/Zip:

7) Business Phone #: 8) Business Fax #:

9) E-mail: 10) Business Tax ID #:

11a) Within the past 5 years, has the company (entity), its owners, or any employees who have or will be expected to operate on the refuge, been convicted, pled nolo contendere, forfeited collateral, or are currently under charges for any violations of any State, Federal, or local law, or regulations related to fish and wildlife or permit activities? **Yes** **No**

11b) If you answered "YES" to question #11a, provide the individual's name, date of charge, charge(s), location of incident, court, and action taken for each violation.

2021 COMPETITIVE RANKING CRITERIA

WPA NAME: _____

1. Have you satisfactorily completed requirements on previous grazing permits (i.e., followed grazing schedules, stocking rates, built/repaired fence, regularly checked on animals and fences, etc.)? Yes (1 pt) No (0 pt)
2. Have you had grazing privileges revoked in the past. Yes (-1 pt) No (1 pt)
3. How near do you own or rent pasture land to this WPA?
Adjacent to: _____ (3 pts) 1-5 miles: _____ (2 pts) 5-10 miles: _____ (1 pt) ; greater than 10 miles away: _____ (0 pt)
4. Are you able to respond onsite to livestock escapes within 1 hour? Yes (1 pt) No (0 pt)
5. Do you own the animal units necessary to implement this rotational grazing system as described?
_____ Yes (1 pt) _____ No (0 pt)
6. Are you willing to do other management activities according to FWS specifications?
(Informational Use Only- No point value)
 Control noxious weeds
 Mow roadsides according to township or county specifications
 Fence Construction/Removal
7. Please provide an explanation of any special circumstances that we should be aware of when considering your application for this WPA.

Certification

By signing below, I agree that my answers are true. I further understand that selection as a permittee is not a guarantee of grazing rights on waterfowl production areas and can be cancelled by either party with 45 days' notice if either party is not carrying out their roles and responsibilities of the agreement. The agreement can be cancelled immediately by the Service, if necessary to protect human or wildlife health or safety.

Print Name

Signature

Date

NOTE: Whenever two or more applicants are equally qualified under this competitive ranking process, a drawing will be held between the applicants to determine the successful applicant.