

United States Department of the Interior
U.S. Fish and Wildlife Service
National Wildlife Refuge System
General Special Use
Application and Permit

OMB Control Number 1018-0102
Expiration Date: 06/30/2014

Name of Refuge Kenai
Address P.O. Box 2139, Soldotna AK 99669
Attn: (Refuge Official) _____
Phone # 907.262.7021 E-mail _____

Application

(To be filled out by applicant. Note: Not all information is required for each use. See instructions at the end of the notice.)

1) New Renewal Modification Other _____

Applicant Information

2) Full Name: _____ 6) Phone #: _____
3) Organization: _____ 7) Fax #: _____
4) Address: _____ 8) E-mail: _____
5) City/State/Zip: _____

9) Assistants/Subcontractors/Subpermittees: (List full names, addresses and phone #'s and specifically describe services provided if subcontractors are used.)

Additional Hunter Names:

Activity Information

10) Activity type: Event Wood Cutting Group Visit Cabin/Subsistence Cabin Educational Activity
 Other Black Bear Baiting

11) Describe Activity: (Specifically identify timing, frequency, and how the event is expected to proceed.)

See Special Conditions Addendum

12) Activity/site occupancy timeline: (Specifically identify beginning and ending dates, site occupation timeline, hours, clean-up and other major events.)

(Depending on the activity for which you are requesting a permit, we may ask you for the following activity information. Please contact the specific refuge where the activity is being conducted to determine what activity information is required.)

13) Expected number of participants:

Children _____ Adults _____ Total _____

14) Grade level of educational group:

Grade _____ N/A

15) Will staff time/assistance be required?

Yes No N/A

16a) Plan of Operation required? Yes No N/A

16b) Plan of Operation attached? Yes No

17) Location: (Specifically identify location; GPS location preferred.)

N/A

18a) Is map of location(s) required?

Yes No N/A

18b) Is map of location(s) attached?

Yes No

Insurance Coverage/Certifications/Permits

19a) Is insurance required?

Yes No N/A

19b) Insurance: (Provided carrier, type and policy number)

20) Other licenses/certifications/permits required: (Specifically identify licenses, certifications, and permits.)

2014 Alaska Hunting License # _____

Bear Baiting Clinic Yes No

Logistics and Transportation

21) Does activity require personnel to stay overnight onsite? Yes No

22) Personnel involved:

N/A

23) Specifically describe all equipment/gear and materials used:

24) Transportation description(s) and license number(s) to access refuge(s): (Provide description of and specific auto license/boat/plane registration number(s).)

N/A

25) Specifically describe onsite work and/or living accommodations:

26) Specifically describe onsite hazardous material storage or other onsite material storage space:

N/A

27) Signature of Applicant _____ Date of Application: _____

Sign, date, and print this form and return it to the refuge for processing.
Do not fill out information below this page.

PRINT FORM