

**National Wildlife Refuge System
Commercial Activities Special Use
Application and Permit**

Name of Refuge _____

Address _____

Attn: (Refuge Official) _____

Phone # _____ 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: _____ 7) Business Phone #: _____

3) Title: _____ 8) Business Fax #: _____

4) Business Name: _____ 9) E-mail: _____

5) Address: _____ 10) Business Tax ID #: _____

6) City/State/Zip: _____

11a) Within the past 5 years, has the company (entity) or any of the owners of the business 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: a) individual's name, b) date of charge, c) charge(s), d) location of incident, e) court, and f) action taken for each violation.

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

Activity Information

(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 information is required.)

13) Activity type: Guiding hunters Guiding anglers Guiding other outdoor users
 Commercial filming Agriculture Cabins Other _____

14a) State, Federal or tribal licenses required for activity: Yes No

14b) License type: _____ Number: _____ Date: _____

15) Describe activity: (Specifically identify timing, frequency, and how the activity is expected to proceed.)

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

17a) Is map of location(s) required?

Yes No N/A

17b) Is map of location(s) attached?

Yes No

18) Estimated number of clients: Per Day _____ Per Season _____

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

20a) Is Plan of Operation required?

Yes No N/A

20b) Is Plan of Operation attached?

Yes No

21a) Is trip schedule required?

Yes No N/A

21b) Is trip schedule attached?

Yes No

Insurance Coverage/Certifications/Permits

22a) Is grounding/flight insurance required?

Yes No N/A

Carrier type: _____ Policy #: _____

22b) Is contaminants insurance required?

Yes No N/A

Carrier type: _____ Policy #: _____

22c) Is medical evacuation insurance required?

Yes No N/A

Carrier type: _____ Policy #: _____

23a) Is rat free certification required?

Yes No N/A

Copy of certification provided:

Yes No

23b) Is hull inspection certification required?

Yes No N/A

Copy of certification provided:

Yes No

23c) Is EMT/first aid certification required?

Yes No N/A

Copy of certification provided:

Yes No

23d) Are other certifications required?

Yes No N/A

Copy of certification provided:

Yes No

24a) Are State permits required?

Yes No N/A

Copy of permits provided:

Yes No

24b) Are Federal permits required?

Yes No N/A

Copy of permits provided:

Yes No

24c) Are tribal permits required?

Yes No N/A

Copy of permits provided:

Yes No

24d) Are other permits required?

Yes No N/A

Copy of permits provided:

Yes No

Logistics and Transportation

25a) Does activity require personnel to stay overnight onsite?

Yes No

25b) Personnel involved:

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

27a) Transportation description(s) and license number(s) to access refuge(s): (Provide description of and specific auto license/boat/plane registration number(s).)

27b) Specifically describe ship-to-shore transportation:

27c) Specifically describe intersite transportation:

27d) Specifically describe onsite transportation:

28a) Is fuel cache needed?

Yes No N/A

28b) Specific location(s) of fuel caches: (GPS Coordinates preferred)

29a) Is Safety Plan required?

Yes No N/A

29b) Is Safety Plan attached?

Yes No

Work and Living Accommodations

30) Specifically describe onsite work and/or living accommodations, including spike camps:

31) Specifically describe on or offsite hazardous material storage or other on or offsite material storage space: (Including on and offsite fuel caches.)

32) 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.

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