

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 \_\_\_\_\_

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: \_\_\_\_\_ 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.)

## Activity Information

10) Activity type:  Event  Wood Cutting  Group Visit  Cabin/Subsistence Cabin  Educational Activity  
 Other \_\_\_\_\_

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

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.)

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)

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

## Logistics and Transportation

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

22) Personnel involved:

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).]

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

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

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**