



# 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.

12) **List known assistants/subcontractors/subpermittees:** (Only required if the assistants/subcontractors/subpermittees will be operating on the refuge without the permittee being present. If unknown at time of application we may require this under "special conditions" to permit before approval.)

Name/Business	Address	Phone #

**Activity Information:**

13a) Choose a Commercial Activity: **Guided Recreation**  **Audio/Visual Recording**  **Recreation Events**  **Cabins**   
**Transportation Services**  **Agricultural Use**  **Marine Salvage/Storage**  **Mineral Lease**  **Other**

13b) Specify Type of Activity if 'Other' was chosen:

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

14) Describe activity by specifically identifying timing (occupancy timeline), frequency, and how the activity is expected to proceed:

15) **Specifically identify location(s) and/or attach a map:** (GPS location(s) preferred)

16) If drones are necessary, describe why the drone is needed and provide specifics on how it will be used:

17) For Guided Operations estimate number of clients if applicable: Per Day  Per Season

18) Inquire with refuge if Plan of Operation is required. Is a Plan of Operation attached? Yes  No  N/A

19) Inquire with refuge if a trip schedule is required. Is a trip schedule attached? Yes  No  N/A

### License/Insurance Coverage/Certification/Permit

**Note: Contact the refuge where the activity is going to be conducted to determine if we will require any type of license(s), insurance(s), certification(s), or permit(s). We may process this Special Use Permit while the applicant obtains them.**

20) List and attach a copy of any **licenses** you have for equipment operation (i.e., aviation or commercial boats), pesticide application(s), transporters, or others, if required:

License Type	Number	Expiration Date

21) List and attach any **insurance coverage(s)** you have such as general liability, aviation, grounding liability, contaminants applicator, medical evacuation, or others, if required:

Insurance Type	Carrier	Expiration Date

22) List and attach any **certifications** you have such as rat free, hull inspections, CPR/First Aid, or others, if required:

Certificate Type	Expiration Date

23) List and attach other Federal, State, or Tribal **permits**, if required:

Permit Type	Permit Number	Expiration Date

## Logistics and Transportation

**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.**

24a) Does the activity require personnel to stay overnight on the refuge? Yes  No  N/A

24b) If yes, list names of personnel involved:

List Names	List Names	List Names	List Names

25) Identify and describe all major equipment/gear and materials needed for activity, if required:

26a) Provide detailed information on the logistics for onsite, intersite, and/or ship-to-shore transportation to or on the refuge, if required:

26b) Provide descriptions, license plate and/or identification numbers of vehicles used for onsite transportation, if required:

Vehicle Type	Plate/I.D./Registration #	Vehicle Type	Plate/I.D./Registration #

26c) Provide descriptions, license plate and/or identification numbers of vehicles used for intersite transportation, if required:

Vehicle Type	Plate/I.D./Registration #	Vehicle Type	Plate/I.D./Registration #

26d) Provide descriptions, license plate and/or identification numbers of vehicles used for ship to shore transportation, if required:

Vehicle Type	Plate/I.D./Registration #	Vehicle Type	Plate/I.D./Registration #

27a) Is fuel cache needed? Yes  No  N/A

27b) Specific location(s) of fuel caches: (GPS Coordinates preferred)

28) Is a Safety Plan attached?  
Yes  No  N/A

## Work and Living Accommodations

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

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

**Sign, date, and print this form and return it to the refuge for processing. By signing this application, I agree my operations will conform to the information I have provided in this application, and I understand that any deviations or changes to this information must receive prior written approval.**

31) Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_