FS-2700-3a (01/2014) OMB No. 0596-0082

USDA FOREST SERVICE HOLDER INITIATED REVOCATION OF EXISTING AUTHORIZATION REQUEST FOR A SPECIAL-USE PERMIT OR TERM SPECIAL-USE PERMIT

PART I - REQUEST FOR REVOCATION (Completed by	current permit holder)
I (We), the undersigned holder(s) of a special-use authoriza	ation, dated authorizing me (us) to occupy and use
National Forest System lands for have	
(Mark one box with "X")	
conveyed all my (our) right, title, and interest in and permit to:	d to the improvements located on the parcel covered by said
 entered into a contract for the sale of the improvem retained title to said improvements until completion 	nents located on the parcel covered by said permit but have n of payment under said contract with:
New Owner (1):(Please Print)	Address:
New Owner (2):	Address:
(Please Print)	Phone: () ==
owner(s) that (1) the current authorization is not transferable there are terms and conditions for the use of National Fore	on identified above be revoked. I (we) have informed the new le; (2) they must apply for and obtain a new authorization; (3) st System lands; (4) and they must contact the Forest Service ce of any fees previously paid should be credited to the new
Holder (1):	Holder (2):
(Please Print)	(Please Print)
Signature:	Signature:
(Please Print)	Date: (mm/dd/yyyy)
PART II - REQUEST FOR A NEW PERMIT OR TERM PE Request is made for a special use authorization to cover the referred to above, and for the same purpose, subject, howe circumstances may warrant. I (We) acknowledge that this Forest System lands is not authorized until an authorization understand that an administrative fee may be charged by the authorization to use or occupy National Forest System lands.	ne same parcel of land or use covered by the authorization ever, to such new conditions and stipulations as the is a request only, and that the use and occupancy of National in is signed and issued by an authorized officer. I (We) also the Forest Service to process this request for a new
Requester(1):	Phone: () -
(Please Print)	E - Mail:
Signature:	FAX: () -
Requester(2):(Please Print)	
Signature	Date: (mm/dd/yyyy)

18 U.S.C. § 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction. Anyone who knowingly or willfully makes or uses any false writing shall be fined not more than \$10,000 or imprisoned not more than five years, or both

PLEASE ATTACH BILL OF SALE, DEED, OR OTHER DOCUMENTATION VERIFYING PURCHASE OF IMPROVEMENTS

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082. The time required to complete this information collection is estimated to average30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.

The Privacy Act of 1974 (5 U.S.C. 552a) and the Freedom of Information Act (5 U.S.C. 552) govern the confidentiality to be provided for information received by the Forest Service.

PART III - REQUEST CHECKLIST (Completed by Administrator/Case M	anager)		
Does the current use and occupancy of National Forest System lands and facilities comply with all federal, state, and local laws, regulations, orders, and policies? If not, what must be done to make the use and occupancy			
☐ Yes comply?			
□ No			
2. Is the current use and occupancy of National Forest System lands and facilities being conducted in a manner that is consistent with established standards and guidelines in the Forest Land and Resource Management Plan? If Yes not, can it be made to be consistent? How?			
□No			
What was the date of last inspection? What is the condition of the author	rized area and facilities? (Describe	
Yes undesirable or unacceptable conditions that need to be corrected			
□ No			
4. Does the requester(s) owe any fees to the Forest Service from a prior of ☐ Yes yes, identify fees owed	existing special-use autho	rization? If	
NoIs the requester(s) qualified to hold an authorization for the subject use a	and accumency? If not why	<i>(</i> 2	
Yes	ind occupancy? If not, why	' f	
□ No			
6. Can the requester(s) demonstrate technical and financial capability to unconcupancy, and fully comply with all the terms and conditions of		and	
□ No			
7. Is there someone authorized by the requester(s) to sign an authorization Yes the responsibility of the terms and conditions of the authorizat		ing to accept	
□ No			
Remarks:			
Signature of Administrator /Case Manager:	Date:	(mm/dd/yyyy)	
PART IV - AUTHORIZED OFFICER			
The request and/or requester do not meet the criteria identified in Part III of this form. Therefore, I will not approve this request to issue an authorization to use or occupy National Forest System lands for the use(s) described in Part I of this form.			
The request and the requester meet the criteria identified in Part III of this form. Therefore, I approve this request to issue an authorization to use or occupy National Forest System lands for the use(s) described in Part I of this form.			
Signature: Title:	Date: (mm/dd/	www)	