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

I (We), the undersigned holder(s) of a special-use authorizati	
National Forest System lands for have	, <u> </u>
(Mark one box with "X")	
conveyed all my (our) right, title, and interest in and to permit to:	o the improvements located on the parcel covered by said
entered into a contract for the sale of the improvement retained title to said improvements until completion	nts located on the parcel covered by said permit but have of payment under said contract with:
New Owner (1):(Please Print)	Address:
	Address:
(Please Print)	Phone: ( ) -
Accordingly, I (we) request that the special-use authorization owner(s) that (1) the current authorization is not transferable; there are terms and conditions for the use of National Forest prior to acquisition of improvements. The remaining balance owner(s) named above, if an authorization is issued.	(2) they must apply for and obtain a new authorization; (3) System lands; (4) and they must contact the Forest Service
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 PERI	MIT (Completed by new owner - Requester)
Request is made for a special use authorization to cover the referred to above, and for the same purpose, subject, however circumstances may warrant. I (We) acknowledge that this is Forest System lands is not authorized until an authorization is understand that an administrative fee may be charged by the authorization to use or occupy National Forest System lands.	same parcel of land or use covered by the authorization er, to such new conditions and stipulations as the a request only, and that the use and occupancy of National s signed and issued by an authorized officer. I (We) also 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.

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.

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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 (C	ompleted by Administrator/	Case Manager)		
<ol> <li>Does the current use and occupant and local laws, regulations, orders,</li> <li>☐ Yes comply?</li> </ol>	cy of National Forest System	lands and facilities com		
□ No				
2. Is the current use and occupancy o				
consistent with established standard Yes not, can it be made to be		st Land and Resource i	viariagemeni	riali? II
□ No				
3. What was the date of last inspection			facilities? (D	escribe)
☐ Yes undesirable or unacceptable	ole conditions that need to be	corrected.)		
□ No				
4. Does the requester(s) owe any fee	s to the Forest Service from a	prior or existing specia	al-use author	ization? If
☐ Yes yes, identify fees owed.				
□ No				
5. Is the requester(s) qualified to hold	an authorization for the subje	ect use and occupancy?	If not, why	?
☐ Yes				
□ No				
6. Can the requester(s) demonstrate to				nd
☐ Yes occupancy, and fully comp	ply with all the terms and con	ullions of the authorizat	1011?	
□ No				
7. Is there someone authorized by the   Yes the responsibility of the to	requester(s) to sign an author erms and conditions of the au		omeone willi	ng to accept
and respondentially of the s				
□ No				
Remarks:				
Signature of Administrator /Case Ma	anager:		Date:	(mm/dd/yyyy)
PART IV - AUTHORIZED OFFICER				( , , , , , , , , , , , , , , , , , , ,
	ot meet the criteria identified	in Part III of this form	Therefore L	will not approve
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 me	et the criteria identified in Par	t III of this form. There	fore, I appro	ve this request
to issue an authorization to use or form.				•
Signature:	Title:	Date:	(mm/dd/yy	004