

South Park Ranger District Transplant Order Form

Please print clearly.

Personal Information:

Name: _____ Telephone (____) _____ - _____
Address: _____ Driver's License #: _____
City/State/Zip: _____ Licensed in State _____ Expiration: _____

Vehicle:

Year _____ Make _____ Model _____
Color: _____ License Plate # _____ State _____

\$20.00 per tree (maximum of 10 trees per adult individual)

Number of Transplant Permits Requested: _____ x \$20 = _____ amount included

Credit cards and cash are not accepted
Please Make Check or Money Order Payable to **USFS**.

Address envelope to:
Attn: Transplant Permit
South Park Ranger District
P.O. Box 219
Fairplay, CO 80440

I have read the conditions of the permit and agree to abide by the terms of this application and permit.

Signature _____

Please feel free to contact us at (719) 836-2031 for further information