



**2023 Madison River
Shuttle Special Recreation Permit
Commercial Use Report Form**

Special Recreation Permit #
(Administrative Use Only)

Authority: ARM 12.14.10 –12.14.170; ARM 12.8.211; 23-1-105(1)
MCA; 87-1-301(1)(c) MCA;

43 U.S.C. 1201; 43 U.S.C. 1701; 16 U.S.C. 460 L-6 (a); and 43 CFR Group 2930

Instructions: Complete 1 through 12 and return this Use Report Form and payment to Fish, Wildlife and Parks. You will not be eligible to receive a 2024 Madison Shuttle Special Recreation Permit until all 2023 requirements have been met.

Please Print or Type

1. Name of Permit Holder: _____ 2. Company Name: _____
3. Address: _____ 4. Phone #: _____ 5. Cell Phone #: _____
6. E-mail: _____

7. Total revenue of all Madison shuttles: \$ _____
8. Adjusted shuttle gross revenue (BLM site revenue only): \$ _____
9. Total 2023 fees due for BLM site use (3% of Line 8): \$ _____
10. Application amount paid: \$ _____
11. Carryover amount from previous payments: \$ _____
12. Add lines 10 and 11 and subtract total from line 9 (remaining 2023 fees owed): \$ _____

~ If line 12 is greater than zero, please submit payment for that amount. (Make checks and money order payable to FWP)
~ If line 12 is less than zero (negative number) and you paid the \$110 minimum payment, your account is paid in full.

12. ALL PERMITTEES- Signature Required

I certify that the information given by me in this report is true, accurate, and complete. I further understand that the provision of false information is grounds for probation, suspension, or revocation of the permit. **FWP will not issue a 2024 permit until all 2023 requirements have been met.**

Permittee's Signature: _____ **Date:** _____

13. Send Use Report Form and Payment (if applicable) to:
Montana Fish, Wildlife and Parks
Madison River SRP Program
2300 Lake Elmo Dr
Billings, MT 59105

PAYMENT IS DUE UPON RECEIPT

For Administrative Use Only

**Receipt of Report and Payment for:
2023 Madison River SRP Commercial Use Report**

Permit Holder: _____ Date Postmarked: _____ Date Received: _____

2022 Carryover: \$ _____ App. Payment: \$ _____ Report Payment: \$ _____ Check #: _____

Late Fee: \$ _____ Check #: _____ Total Fees Paid: \$ _____ Carryover for 2024: \$ _____

Notes: _____

Authorized Official: _____ Date: _____