



2024 Shuttle Special Recreation Permit Application for Commercial Use: Madison

· 97 1 201(1)(a)

Application No. (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

<u>Instructions:</u> Please complete and return this application, insurance certificate, current price list and minimum permit fee to Fish, Wildlife & Parks by April 1, 2024. FWP will consider applications received after April 1, 2024 on a case-by-case basis. Applications must be complete and turned in at least <u>21 days</u> before you intend to conduct commercial use on the Madison River to be considered. It is a violation of FWP/BLM rules to conduct commercial use on the Madison River without a Special Recreation Permit.

	Please Print or Type	
Name of Applicant (name that will appear on the p (Permit Holder must be a licensed outfitter if providing hunt		
Name of Company or Organization		
Address:	Phone number: ()	
	Cell Phone: (
	E-mail:	
	Permit Fees	
gross revenue is the total amount of unadjusted inc only from January 1, 2024 through December 31, 2		
A \$110 minimum fee payment is required when applying for the Madison River Special Recreation Permit. The remainder of the permit fee must be paid in full upon receipt of the 2024 Madison Report Form.		
	SRP Vehicle Tags	
	splay a valid Madison River Special Recreation Permit (SRP) vehicle tag ion Areas along the Madison River. You are responsible for proper yee's vehicle tags.	
SRP vehicle tags should be place in a conspicuous loc	ation on the dash.	
How many SRP Vehicle	e Tags will you need for the 2024 season?	
Number	r of Tags:	
In the past two years have you, any employee or an connection with shuttle operations or associated ac	y of your company representatives been convicted of a violation in tivities? No Yes	
<u></u>	reau of Land Management (BLM) or US Forest Service (USFS) permit Yes [
If you answered yes to either of the questions above	e, please provide an explanation:	

Please Submit the Following Required Materials (Place an "X" in the box to indicate that the information is included with your application.)				
☐ Signed and completed application. ☐ Auto insurance certificate or liability por Minimum application fee payment of \$ ☐ A current price list for the 2024 season	110.00 (Make checks or money ord	ler payable to FWP.) NOT BE ACCEPTED!		
Mail completed and signed application, insur	ance certificate, minimum fee pay	yment and 2024 price list to:		
	Montana Fish, Wildlife Attn: Madison River Si 2300 Lake Elmo Dr. Billings, MT 59105			
Upon confirmation of that you have submitte FWP Authorized Officer will sign the permit		and permit application fees due at this time; the eceipt and your permit.		
ALL APPLICANTS – SIGNATURE IS REQUIRE	ALL APPLICANTS – SIGNATURE IS REQUIRED BELOW************************************			
these terms and conditions and I am aware of regulations and I understand that failure to c	f the penalties for violations. I agreemply may result in the probation in the probation or the failure to kee			
Applicant's Signature:		Date:		
	eceipt of Application and Paym ver Commercial Special Recre			
Re	ver Commercial Special Recre	ation Shuttle Permit		
Re <mark>2024 Madison Ri</mark>	ver Commercial Special Recre Date Postmarked:	ation Shuttle Permit Date Received:		
Re 2024 Madison Riv	ver Commercial Special Recre Date Postmarked: Check #:	Date Received: Total Fees Paid: \$		
Permittee Name: Payment: \$ Payment: \$ Certificate of Insurance? Yes No	ver Commercial Special Recre Date Postmarked: Check #:	Date Received: Total Fees Paid: \$		
Permittee Name: Payment: \$ Payment: \$ Certificate of Insurance? Yes No Approved: Yes No Justification	ver Commercial Special Recre Date Postmarked: Check #: Expiration Date: amber of Vehicle Tags: (If not approved)	ation Shuttle Permit Date Received: Total Fees Paid: \$		
Permittee Name: Payment: \$ Payment: \$ Certificate of Insurance? Yes No Approved: Yes No Justification	ver Commercial Special Recre Date Postmarked: Check #: Expiration Date: amber of Vehicle Tags: (If not approved)	ation Shuttle Permit Date Received: Total Fees Paid: \$		
Permittee Name: Payment: \$ Payment: \$ Certificate of Insurance? Yes No Approved: Yes No Justification	ver Commercial Special Recre Date Postmarked: Check #: Expiration Date: amber of Vehicle Tags: (If not approved)	Date Received: Total Fees Paid: \$		
Permittee Name: Payment: \$ Payment: \$ Certificate of Insurance? Yes No Nu Approved: Yes No Justification Notes:	ver Commercial Special Recre Date Postmarked: Check #: Expiration Date: amber of Vehicle Tags: (If not approved)	Date Received: Total Fees Paid: \$		
Permittee Name: Payment: \$ Payment: \$ Certificate of Insurance? Yes No Nu Approved: Yes No Justification Notes:	ver Commercial Special Recre Date Postmarked: Check #: Expiration Date: amber of Vehicle Tags: (If not approved)	Date Received: Total Fees Paid: \$		