



United States Department of the Interior
Bureau of Indian Affairs
Wind River Agency

C58463-2026-001 RANGE ADVERTISEMENT

ITEM # _____

Applicant Name: _____

Applicant Tribe: (Check One) Eastern Shoshone _____ Northern Arapaho _____

Mailing Address: _____

Primary Residential Address: _____

Is Primary Residence: _____ FEE _____ Tribal _____ Allotted

Have you resided on the Reservation for one year or more? _____

Phone Number: _____ Email Address: _____

Application Assignment # _____ Is this a request for an increase in AUMS? ☐ YES ☐ NO

Application

Range Unit #: Grazing Season: From Date To Date AUMS

Animal Type:	Number of Animals:	Livestock Brands:	Register Brand Owner Name(s):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the Number of Livestock owned that are over 6 months of age, that will be on Grazing Unit.
All brands that will be utilized are required to be listed along with ALL of names of the Registered Brand Owner(s).

Holder of Mortgage Lien Against Livestock: _____

Primary location of owned livestock: _____

Who Manages Livestock? _____

Provide Relationship and/or Tribal Affiliation of Livestock Manager: _____

List Spouse's Tribal Enrollment Membership: _____

If this application is for more livestock than you own, briefly state the plans made to acquire the additional livestock, including financial arrangements for purchase.

Current Permit/Assignment Leases - briefly describe the operational plan and/or reason for changes:

If you plan to Sublease and/or sell Pasture at any time during lease, provide detailed explanation.

List of improvements that will be completed and timeframe:

List any improvements that will be removed, if lease is canceled or terminated:

I (we) agree to abide by CFR Title 25 Part 151 and 25 CFR 162 Regulations and all Tribal Assignment and Grazing Resolutions or Laws. If permit is issued I agree to comply with the terms and conditions of permit and I agree to provide livestock ownership documents.

Applicant Signature _____ **Date:** _____

Applicant Printed Name: _____

Applicant Signature 2 _____ **Date:** _____

Applicant Printed Name: _____