Form 5-5524

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

APPLICATION FOR ALLOCATION OF GRAZING PRIVILEGES

AGENCY _____ TRIBE _____

I (We) the undersigned enrolled member(s) of the _____ Indian Tribe hereby apply for an allocation of grazing privileges without competitive bidding, as authorized at 25 CFR 166.218, as described in Table 1 below:

Table 1. Requested grazing area and grazing privileges.

Unit/Area	Kind of Stock	Number of Head	Grazing Season (day/month)*			AUMs**
			From	To	Months	
			/	/		
			/	/		
			/	/		
			/	/		
			/	/		
Total Privileges Requested			---	---	---	

* For year-long grazing omit dates and indicate 12 under Months.
** AUMS = number of head times number of months. For sheep, divide result by five (5). For horses, multiply result by 1.25.

I (We) certify that the number of livestock over 6 months of age owned by me (us) and to be grazed under my (our) exclusive control and supervision are as follows:

Table 2. Livestock currently owned by applicant.

Kind of Livestock	Number of Head	Brand and Location	Recorded Owner of Brand	Name of Mortgage Holder
Total Number Owned		---	---	---

If this application requests allocated grazing privileges for more livestock than the applicant owns, state briefly the plans made to acquire the additional livestock, including financial arrangements for purchase. _____
_____

If the applicant intends to graze any livestock owned by another person, list the kind, number, and ownership of such livestock:

Table 3. Livestock not owned by applicant to be grazed under allocation.

Kind of Livestock	Number of Head	Brand and Location	Name and Address of Owner	Tribal Member
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
Total Number of Head		---	---	---

Permittee Initial _____

List here any land owned or controlled by you that is available for grazing your livestock. Indicate how many animals this land will support and for how long (Attach additional sheet if needed).

Table 4. Non-allocated lands controlled by applicant.

Land Description	Acres	How Controlled (Owned, Leased, …)	Grazing Capacity		
			Number of Head	Months	AUMs
TOTALS		---		---	

Do you now allow or intend to allow anyone else to graze or pasture their livestock on any of the lands listed in Table 4 rather than graze your own livestock on these lands?

Yes ☐ No ☐ If yes, state how many livestock: _____.

I (We) agree to abide by the regulations at 25 CFR Part 166, and all Tribal grazing regulations and, if a grazing permit is issued, to comply fully with its terms.

_____	_____	_____
(Applicant)	(Address)	(Date)
_____	_____	_____
(Applicant)	(Address)	(Date)
_____	_____	_____
(Applicant)	(Address)	(Date)

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