Application for State Game Lands Special Use Permit

rev. 2-5-2008

Date of Application: _____ Date(s) of Proposed Activity: _____

SGL or Area: _____ County: _____

Game Lands Sportsman Map or Topographic map must be attached to indicate requested activity area.
(Some Game Lands Sportsman maps are available on the PGC website at www.pgc.state.pa.us)

Applicant Name: _____

Group or Company Name: _____

Applicant Address: _____ Email: _____
_____

Applicant Phone: _____ Applicant Date of Birth: _____

Can this activity be conducted on lands other than Game Lands? Yes No
If No, explain why:

Anticipated number of people participating in this activity: _____
Is there a fee or donation required to participate in this activity? Yes No
Description of Proposed Use or Activity: (attach additional sheets as necessary to fully explain requested activity)
(Commercial activities are not permitted on SGL)

Applicant Signature: _____ Date: _____

State Organization
Representative Signature: _____ Date : _____
(For Trail Requests)

(Below this line is for Game Commission Use Only)

Permit Application Reference Number: _____ - _____ - _____ - _____
Reg. Grp. SGL # (sequential beginning with 001)

If there is an associated special use permit issued by BWP, list below:

Permit # _____

Application for Game Lands Use Permit Signature Page

Applicant: _____

Recommendations:

Land Management Group Supervisor: Approve ( ) Disapprove ( )

Signature: _____ Date: _____

Land Management Supervisor: Approve ( ) Disapprove ( )

Signature: _____ Date: _____

Regional Recommendation: Yes ( ) No ( )

Signature: _____ Date: _____

Harrisburg Recommendation: Yes ( ) No ( )

Signature: _____ Date: _____