

ARIZONA STATE LAND DEPARTMENT
 ADDITIONAL A.U.M. GRAZING APPLICATION/PERMIT

INSTRUCTIONS: Complete and submit to: **ARIZONA STATE LAND DEPT., 1616 W. ADAMS, PHOENIX AZ 85007**

I. Applicant: _____

Name	Address	
City	State	Zip
Phone	Lease Number	

Lessee Registered Brand: _____

II. Land Status of Ranch Unit (Used to calculate percentage of State lands.):

State Land _____	acres
Privately Owned _____	acres
Federal Land _____	acres
Uncontrolled Land _____	acres
TOTAL _____	ACRES

III. Number of Animal Units in Lessee's Base Herd: _____
 ["Animal Unit" means one weaned beef animal over six months of age, or one horse, or five goats, or five sheep, or the Equivalent (A.A.C. R 12-5-705).]

Number of months Lessee's Base Herd has been grazed on ranch: _____

IV. In the table below, specify the total number of additional livestock.

KIND OF LIVESTOCK	NUMBER	*DATES OF USE	
		FROM	TO

*** NO AUTHORIZATION WILL BE APPROVED FOR A PERIOD OF MORE THAN 6 MONTHS, UNLESS APPLICANT IS A LAND DEPARTMENT RECOGNIZED HRM PRACTITIONER.**

If additional livestock are not owned by lessee, give nature of your control. Include registered livestock brands, brand numbers and name(s) of owner(s).

Signature of Applicant: _____ **Date:** _____

If applicant is other than lessee, then state position and affiliation to lessee:

**FOR DEPARTMENTAL USE ONLY
AUTHORIZATION**

_____ Approved as indicated _____ Denied

KIND OF LIVESTOCK	NUMBERS	DATES OF USE		PERCENT STATE	STATE ANIMAL UNIT MONTHS
		FROM	TO		

STIPULATIONS:

1. The number and class of livestock are authorized for the specified time period and pertain only to that percentage of State range land contained within the grazing pasture or ranch unit.
2. This permit to graze animals in addition to the established carrying capacity of the grazing lease in no way gives the applicant authority to release livestock numbers which would cause permanent damage to range resources on State Trust Range land.
3. Applicant will report the extent of actual use no later than _____ .
4. Other:

Signature of Authorized Officer: _____ **Date:** _____

If you have any questions regarding the calculation, please contact the appropriate Range Resource Area Manager at the following offices:

Phoenix	Mario Preciado	602-542-2692	Tucson	Cody Hatfield	520-209-4269
Flagstaff	Jacqueline Holm	602-370-7623		Joshua Grace	602-370-7353
Prescott	Chris Lowman	928-759-1950			