

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 <span style="float: right;">Zip</span>
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
<b>TOTAL</b>	_____	<b>ACRES</b>

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:

<b>Phoenix</b>	Mario Preciado	602-542-2692	<b>Tucson</b>	Cody Hatfield	520-444-1142
<b>Pinetop-Lakeside</b>	Jeff Baker	480-202-2872		Josh Grace	480-487-9262
<b>Prescott</b>	Chris Lowman	928-759-1950			