



Appendix B

DEPARTMENT OF THE ARMY

LITTLE ROCK DISTRICT, CORPS OF ENGINEERS
NIMROD-BLUE MTN PROJECT OFFICE
3 HWY 7 SOUTH
PLAINVIEW, ARKANSAS 72857

PRIMITIVE CAMPING PERMIT

Arrival Date: _____ Departure Date: _____

Individual Group Number in Group

Name of Camper (Responsible Party): _____

Driver's License Number: _____ Date of Birth: _____

Mailing Address: _____

Telephone Number (home): _____ (cell): _____

Type of Activities Involved: _____

Type of Camping Units: _____

License Plate Number: _____

Primitive Camping Area: _____ GPS Coordinates: _____

GROUPS ONLY

1. Name of Camper: _____

Make/Model/Color of Camp Unit/Type: _____

2. Name of Camper: _____

Make/Model/Color of Camp Unit/Type: _____

3. Name of Camper: _____

Make/Model/Color of Camp Unit/Type: _____

4. Name of Camper: _____

Make/Model/Color of Camp Unit/Type: _____

5. Name of Camper: _____

Make/Model/Color of Camp Unit/Type: _____

6. Name of Camper: _____

Make/Model/Color of Camp Unit/Type: _____

Camper's Signature (Responsible Party): _____ Date: _____

Ranger's Signature: _____ Date: _____

Managers' Signature: _____ Date: _____

If you have any questions regarding this permit, please contact our office at (479) 272-4324.