RESEARCH NATURAL AREA (RNA) RESEARCH REQUEST FORM

ELECTRONIC SUBMISSION AND SIGNATURES ARE ACCEPTABLE PROVIDED THE SUBSEQUENT APPROVER RECEIVES THE DOCUMENT BY EMAIL DIRECTLY FROM THE PREVIOUS SIGNER. ALL PROPOSALS MUST BE RECEIVED BY THE ROCKY MOUNTAIN RESEARCH STATION COORDINATOR AT LEAST 90 DAYS PRIOR TO THE STARTING DATE OF THE PROPOSED STUDY.

This form can be filled in via a web browser, or can be downloaded as an Abobe pdf document and then filled in. Once your section is completed, save the form and send it to its next destination. Questions regarding research on specific Research Natural Areas should be directed to the appropriate Rocky Mountain Research Station (RMRS) RNA Liaison.

PRINCIPAL INVESTIGATOR OR GROUP LEADER INFORMATION

1. Name: Title:

2. Affiliation:

3. Address:

4. Office phone: Cell: Fax:

5. Email address:

DESCRIPTION OF RESEARCH OR USE

6. RNA Name:

7. National Forest:

8. Ranger District:

9. Study Title:

10. Description of RNA Use:

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11. Start Date:

12. End Date:

13. Type of Use (Select one):

☐ Passive observation and monitoring measurements (no samples collected): Describe, and skip to step 14:

☐ Educational: Describe, and skip to step 14:

☐ Scientific Research: Complete 13 a-c and attach a study plan (see web site for details)

13a. What are the latitude and longitude GPS coordinates for your research study location (necessary to protect ongoing research and document study locations)?

13b. Do you propose to install instrument shelters, flumes, weirs, towers, etc. in the RNA?

◉ No ○ Yes

If yes, describe:

13c. What is unique about this RNA that makes it fit the needs of your research study?

14. RNA site visit(s) (date(s) and length(s) of time):

15. Crew or group size:

16. Other:

Terms and Requirements:

- Notify the District Ranger's Office of each access to the RNA and follow the suggested safety guidelines given by the District Ranger;

- Follow any additional requirements or limitations specified within the review and approval section of this form;

- Do not engage in any activities inside the RNA beyond the scope of those specified in this RNA use request form and, if required, the attached study plan;

- Provide copies of all sampling location coordinates, data, reports and publications from this research including theses, dissertations, articles, monographs, etc., to the Station RNA Liaison for Station archives and distribute copies to National Forest and Regional resource managers;

- If collecting data, submit the data to a free, publicly-available, open-access repository, such as the FS R&D Data Archive.

- Send a final report on the results of the approved activity to the Station RNA Liaison no later than one year following completion of activity, if such information has not been completely covered above;

- If removing flora or fauna, (1) obtain appropriate permits from State and Federal agencies; (2) carefully control approved species collection, especially those that are endangered, threatened, or rare; and (3) deposit voucher samples of plants in a herbarium or museum;

- Follow Best Management Practices to reduce possibility of introducing non-native invasive species (NNIS) and disease pathogens;

- Leave the site in a pristine condition when activity is concluded. This precludes leaving any monumentation, tree tags, markers, apparatus, etc.

17. I have read and agree to fully comply with the terms and requirements for RNA research above.

Signature: Date Submitted:

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APPROVALS

NATIONAL FOREST DISTRICT RANGER
Date received:
Comments:

I understand the above proposed research or activity and grant access to the RNA named above.
Signature: Date:

Ranger District:

National Forest:

Email: Phone:

Is the RNA in a congressionally designated area?

- ◯ **Yes.** The researcher contacts the National Forest System Regional RNA Coordinator for instructions. The congressionally designated area approval boxes will need to be completed at the bottom of the form.
- ◯ **No.** Route to the appropriate Rocky Mountain Research Station RNA Coordinator.

ROCKY MOUNTAIN RESEARCH STATION RNA REGIONAL COORDINATOR
Date received:

Recommendation (with regard to Forest Service Manual Section 4063 compliance):

- ◯ Approve
- ◯ Disapprove

Comments:

Signature: Date:
Please forward to the appropriate subject-area RMRS Program Manager.

ROCKY MOUNTAIN RESEARCH STATION PROGRAM MANAGER
(RMRS Research Quality Assurance Responsible Official)
Date received:

Recommendation, with regard to scientific review of the study plan along with adherence to RMRS Quality Assurance procedures:

- ◯ Approve
- ◯ Disapprove

Signature: Date:

Please return to the RMRS RNA Regional Coordinator. (Not applicable for congressionally designated areas).

ROCKY MOUNTAIN RESEARCH STATION DIRECTOR
(Applies to RNAs that are not in designated wilderness, wild and scenic river, national recreation area, or other congressionally designated areas).

◯ Approve

◯ Disapprove

Signature: Date:

Please return to the RMRS RNA Regional Coordinator (as appropriate).

***IF APPLICABLE*: NFS Regional RNA Coordinator** (Applies when an RNA is in designated wilderness, wild and scenic river, national recreation area, or other congressionally designated areas).

◯ Approve

◯ Disapprove

Signature: Date:

***IF APPLICABLE*: Regional Forester** (Applies when an RNA is in designated wilderness, wild and scenic river, national recreation area, or other congressionally designated areas).

◯ Approve

◯ Disapprove

Signature: Date:

Please return to the NFS RNA Regional Coordinator (as appropriate).