Request for Authorization

to Conduct a Scouting America-Sponsored

Leave No Trace Level 1 Instructor Course*

From: _____, Certified Leave No Trace Level 2 Instructor

To: _____ Council

In accordance with the National Leave No Trace Training Guidelines, the Leave No Trace Level 1 Instructor Course Guidelines, and the Scouting America Outdoor Ethics Training Guidelines, authorization is requested to conduct a Leave No Trace Level 1 Instructor Course under the Scouting America/Leave No Trace National Training Agreement. This course will be conducted at:

Location: _____

Days: _____ to _____ Participants will Camp Overnight (yes/no) _____

The Leave No Trace Level 1 Instructor Course will use the approved Scouting America Leave No Trace Level 1 Instructor Course Manual and the course will have a minimum of 16 instructional hours. Equipment, facilities and course content will meet the standards and expectations for a Scouting America-sponsored Leave No Trace Level 1 Instructor course as defined in the manual and training guidelines.

The following individuals will serve as instructors:

Position	Name	Email	Phone	I1/I2	YPT Expires
Lead instructor	_____	_____	_____	I2	_____
Co-instructor 1	_____	_____	_____	___	_____
Co-instructor 2 (optional)	_____	_____	_____	___	_____

This course has been coordinated with:

_____ The District and/or Council Training Committee(s), if required (yes/no).

_____ Space reservations are in place (yes/no).

_____ The course budget is attached (yes/no). The per-person fee is $_____

The instructors agree to submit a training report to the Council Outdoor Ethics Advocate, the Training Committee(s) and Leave No Trace within 14 days.

Applicant's Signature: _____ Telephone _____

APPROVED: _____ **Date:** _____

Council Outdoor Ethics Advocate/Other Authorized Individual

APPROVED: _____ **Date:** _____

Scout Executive or Designated Representative

If participants are camping overnight, a completed, signed copy of Part A of the "NCAP Local Council Authorization and Assessment Declaration" (or council equivalent) should be attached to this form.

APPROVED: _____ **Date:** _____

Council Short Term Camp Administrator

* Multiple Course Format - Each individual course is required to complete the authorization form.