

# Request for Authorization

to Conduct a Scouting America-Sponsored  
Leave No Trace Skills Course\*



From: \_\_\_\_\_, Certified Leave No Trace Instructor

To: \_\_\_\_\_ Council

In accordance with the National Leave No Trace Training Guidelines, the Leave No Trace Skills Course Guidelines, and the Scouting America Outdoor Ethics Training Guidelines, authorization is requested to conduct a Leave No Trace Skills 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 Skills Course will have a minimum of 16 instructional hours. Equipment, facilities and course content will meet the standards and expectations for a Leave No Trace Skills Course as defined in the training guidelines.

The following individuals will serve as instructors:

Position	Name	Email	Phone	I1/I2	YPT Expires
Lead instructor	_____	_____	_____	✓	_____
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.