

Appendix A (Copy of AGO 744) to ORARNG Regulation 350-29

PERMIT FOR USE OF PREMISES

1. A permit is hereby granted by _____ (hereinafter Grantor) to _____ Army/Air Guard Units (hereinafter Grantee), for the use of the premises described on Exhibit A, attached. This permit shall be in effect on date of approval and shall remain in effect until _____ unless sooner revoked in writing by the Grantor and is to allow the Grantee to use the premises for the following stated purposes:

- 2. The following conditions, restrictions, and covenants shall apply to the permitted use.
 - a. Grantor shall levy no charge or fee for permitted use.
 - b. Grantee shall give written notice of at least ____ days prior to actual use.
 - c. Grantee shall ensure the premises are maintained and left in an orderly, sanitary, and safe manner.

3. Grantor recognizes any and all claims arising out of permitted use of any incidental use are cognizable under and shall be processed pursuant to ORS 30.260 et seq, ORS 30.310 et seq, if Grantee is using the premises while in a State status, and pursuant to the Federal Tort Claims Act as enacted and as amended by Public Law 97-124, dated 29 December 1981, if Grantee is in a Federal status (Title 10 or 32 USC) at time of use.

Date: _____

Date: _____

Signature of Grantor or
Authorized Agent

Signature of Requesting Party

Title/Position of Agent

Duty Title or Position

Address: _____

Unit/Installation Address:

Attachments:

- Exhibit A ____ Legal Description of Premises (Required)
- Exhibit B ____ Map of Premises w/sketch map to the Unit Armory (Required)
- Exhibit C ____ Training Information (Required)

Military Department, State of Oregon

The Adjutant General of Oregon

Appendix B (Copy of AGO 744a) to ORARNG Regulation 350-29

LEGAL DESCRIPTION OF PROPOSED TRAINING AREA

(EXHIBIT A)

Area Name: _____

Owner: _____

Description: 1) County: _____

2) Section(s): _____

3) Township(s): _____

4) Range(s): _____

Brief description of terrain: _____

Signature of Requesting Party

TRAINING INFORMATION

(EXHIBIT C)

1. Date(s)/time(s) of training: _____

2. Number of personnel participating in training: _____

3. Number and type of vehicles to be used: _____

4. As the unit commander, I will take every precaution to insure the premises are maintained in a safe, orderly, and sanitary manner IAW accepted management practices.

Commanding