



**United States Department of the Interior  
Bureau of Land Management  
Wyoming State Office**



**Operating Plan for Big Game Outfitters and Guides**

Permit # \_\_\_\_\_  
(Agency Use Only)

This operating plan is what BLM uses to decide whether to issue you a permit or not. Once the permit is issued, this plan, along with your compliance with permit stipulations, will be evaluated at the end of the year.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check all items and fill in the blanks with details. If additional space is needed, attach supplemental pages. If a section does not apply, indicate with NA.

**1. Company Contact Information:**     Individual     Partnership     Corporation

a. Owner/Partner(s) \_\_\_\_\_  
\_\_\_\_\_

b. Phone number where messages are regularly picked-up: (\_\_\_\_\_) \_\_\_\_\_

c. Other contact if you are unavailable (emergencies only): (\_\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

d. Do you use an emergency contact device?    Yes     No

Radio frequencies used \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**2. Company Background Information:**

a. Year this company was established \_\_\_\_\_    Years with current owner \_\_\_\_\_

b. Have you ever been previously permitted for this activity?    Yes     No

Permitting Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

c. Have you ever been previously permitted under another name or company owner?

Yes     No

Please provide all previous permit holders: \_\_\_\_\_  
\_\_\_\_\_

d. Do you have additional currently held recreation permits? Yes     No

Permitting Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

**3. Public/Private Land Use Information:**

a. Are you a private land owner or do you have access agreements with private land owner(s)?

Yes     No

*If so, please attach a copy(ies) of the warranty deed(s) or access agreement(s).*

b. List all proposed hunt units:

Species	Hunt Unit
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

c. Are you proposing to set up temporary facilities, caches, or stages? Yes     No

(Please list by Township, Range, Section and subdivision to the nearest 40 acre parcel.)



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Location	Dates of Use	BLM, USFS, State or Private
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you proposing to camp on BLM lands? Yes  No   
Please list all camps that will be used less than 14 consecutive days and indicate land status.

Location & Facilities	Dates of Use	BLM, USFS, State or Private
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all camps that will be used more than 14 consecutive days and indicate land status.

Location & Facilities	Dates of Use	BLM, USFS, State or Private
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

e. Describe what experiences you will be providing to customers. *(Skill development, tranquility, adventure)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Recreation Services and Pricing Information:**

a. Please list pricing packages and all services included (i.e. lodging, transportation, meals and additional activities (attach brochures or flyers if available)).



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Example:

Price	Package information
<u>\$1500</u>	<u>Two day elk hunt, airline tickets and overnight lodging included, meals included in price.</u>

Price	Package information
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

b. Book Keeping Methods:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Fee Calculation Method:

Time on/time off	Percentage of BLM Land	Per person
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**5. Pack and Riding Animals**

Do you provide riding horses? Yes  No  Do you provide pack animals? Yes  No

Type(s) available: write in #Horses \_\_\_\_\_ Mules \_\_\_\_\_ other \_\_\_\_\_

Describe how animals are fed, watered, and controlled when on public lands (corrals, tethers, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Transportation:**

a. Please list all vehicles used

Make	Model	Type	Color	License #	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

b. Will clients be allowed to operate vehicles including ATVs or snowmobiles? Yes  No

c. Are you or your employees trained and certified in ATV operation and use? Yes  No   
*Please attach a copy of current certifications.*



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**7. Sanitation:**

Toilets (check): Pit  Portable  Chemical  Other

If waste is carried out, please describe method:

Solid waste removal: \_\_\_\_\_

Liquid waste removal: \_\_\_\_\_

**8. Check safety equipment carried on each trip (indicate the # of each item or check all that apply).**

First Aid Kits  First Aid Station  Signaling device

MREs  Fire Extinguisher  Cell Phones

Are you or any of your guides certified in first Aid or CPR? Yes  No

*Please attach a copy of current certifications.*

**9. Persons that are authorized to represent your business: (list the name, address and position of all employees, guides, part time, and full time. Attach another sheet if needed.)**

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the past two years have you or any of your company representatives or employees been convicted of a federal, state or local violation in connection with your guide/outfitting operations or associated activities?

Yes  No

If so, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the information given by me in this application is true, accurate, and complete to the best of my knowledge. I acknowledge that I am required to comply with the requirements and stipulations on form 8370.1 and any additional stipulations that are required by the authorized officer when the permit is issued. I further understand that the provision of false information, or the failure to keep to this Operating Plan or other permit information updated, are grounds for probation, suspension, or revocation of the permit.

\_\_\_\_\_  
Permittee/Applicant

\_\_\_\_\_  
Date



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**Estimated Fee Calculations**

**Annual Revenue**

Customer Price(s) \_\_\_\_\_

Estimated number of clients per year \_\_\_\_\_

Estimated Annual Gross \_\_\_\_\_

**Fees**

Base fee (\$95.00, 3% gross, or \$5.00 per participant per day whichever is greater) \_\_\_\_\_

Time on/time off	Percent of BLM Land	Per person Rate	_____
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Designated site fee (\$190.00 per site) \_\_\_\_\_

**Deductions**

Transportation costs \_\_\_\_\_

Lodging \_\_\_\_\_

Compensated Trips \_\_\_\_\_

Permittee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**BIG GAME HUNTING DAILY TRIP LOG**

Outfitter: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

This log is to be submitted with the Post Use Report by January 1, following the reporting year. Include staff in the party size. Base the percent of time on BLM lands on the portion of time that was spent on BLM lands. **Not to be used for the *time off / time on* method.**

Participant	Hunt area	Gross Income Per/Trip	Dates of Use	Number of Days (a)	Percent on BLM (b)	User days on BLM (a) x (b)

**Totals:** (e) gross income) \$ \_\_\_\_\_ (f) user days \_\_\_\_\_ (g) User Days on BLM \_\_\_\_\_

Enter total (e) on line 1 of the Post Use Report.

Enter totals (f) and (g) in the following calculation:  $(g) / (f) \times 100 =$  \_\_\_\_\_ %

Put the resulting percentage on line 6 of the Post Use Report.