

OPERATING PLAN

For Commercial Outfitters

This Operating Plan is what BLM uses to decide whether to issue you a permit. Once the permit is issued, this plan along with your compliance with permit stipulations will be evaluated at the end of the year.

COMPANY: _____ **DATE:** _____

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

1. **Company Information:** (Check one) Individual Partnership Corporation
 - a. Owner/Partner(s) Names: _____
 - b. Phone number where messages are regularly picked up:
 Phone: (____) _____ email: _____
 - c. Other contact if you are unavailable (emergencies only):
 Name: _____ Phone: (____) _____
 - d. Do you use radio communications for operations or emergencies? Yes No
 - e. If yes, what frequencies do you use? _____ _____ _____ _____
 - f. Year company was established: _____ Years with current owner: _____
 - g. What services does your company offer that is unique for clients/visitors on public lands?

2. **Estimate the amount and season of use expected this year.** This can be done by day, week, season, month, or type of activity. Attach another sheet if needed.

<u>Activity</u>	<u>Begin</u>	<u>End</u>	<u>Est. Total No. of Client Days</u>	<u>Location</u>
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____

3a. Upland Outfitting (Check all that apply):

Guide Services: Deer/Elk _____ Lion/Bear _____

Packing Services (camps, game, etc.): _____

Horse and Pack Animal Rental/Delivery _____

Services for People with Disabilities (Describe): _____

Other (Describe): _____

b. Duration: _____ Day Use _____

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

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

<u>Location</u>	<u>Dates of Use</u>	<u>BLM, USFS or Private</u>
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

d. Are you proposing to set up base camp or spike/drop camps? Yes No
 If yes, please complete the following and describe facilities that you are providing for each:

	<u>Dates of Use</u>	<u>BLM, USFS or Private</u>
Location: _____	_____ to _____	_____
Facilities: _____		
Location: _____	_____ to _____	_____
Facilities: _____		
Location: _____	_____ to _____	_____
Facilities: _____		

Camps and facilities are subject to BLM Area Manager's approval

e. Are you requesting authorization to camp more than 14 days at one place? Yes No

Location: _____ to _____

Location: _____ to _____

5. Pack and Riding Animals

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

Type(s) available (Write in No.): Horses _____ Mules _____ Other _____

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

6. Transportation

List all vehicles used – trucks, buses, vans, trailers, ATVS, snowmobiles, etc.:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Type</u>	<u>Color</u>	<u>License or OHV</u>	<u>State</u>	<u>Registration No.</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

7. Food/Beverages

a. Do you provide food? Yes No

Check if provided: Breakfast _____ Lunch _____ Dinner _____ Snacks _____

b. Cooking facilities (Check all that apply):

Stove _____ Wood Fire _____ Charcoal Fire _____ Firepan _____

c. Do you provide potable water? Yes No

Bottled Water _____ Filter _____ Boiled _____ Chemicals _____ Other _____

8. Sanitation

Toilets (Check: Pit ____ Portable ____ Chemical ____ Carryout ____ Other _____)

If human waste is carried out, please describe:

9. Safety and Rescue Information

Check safety and rescue equipment carried on each trip (Indicate number of items or all that apply)

First Aid Kits ____ First Aid Station ____ Signaling Devices ____ PFDs ____

Fire Extinguisher ____ Spare Motor ____ Throwable Rescue Device ____

Other: _____

10. Background Information

a. List other permitted areas (Include agency and office location):

b. 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 guide/outfitting operations or associated activities? Yes No

Have you had a BLM or USFS permit denied, suspended, or revoked? Yes No

If yes to either question, explain:

