

OPERATING PLAN
for Commercial Outfitters
and Competitive Permittees
(Addendum to Form 8370-1)

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/event.

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: (Circle one) Individual Partnership Corporation

a. Owner/Partner(s) Names: _____

b. Phone number where messages are regularly picked up: _____
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.)

ACTIVITY	USE DATES BEGIN	USE DATE END	ESTIMATED NUMBER OF CLIENT DAYS	LOCATION

3a. River Related Services and Competitive Events (List # of craft owned and check all other services provided): If you are not providing services on rivers, please go on to #3b.

Boating: Oar Rafts Canoes Kayaks
 Inflatable Kayaks Motorboats Jet Skis
 Drift Boats Paddle Boats Other
 Fishing Photography Shuttle Service

Instructional Classes (Describe): _____
 Services for People with Disabilities (Describe): _____
 Competitive Event (Describe): _____
 Other (Describe): _____

b. **Duration:** ___ Day Use ___ Overnight Use

c. **Do you rent boats or other equipment?** ___ Yes ___ No

If yes, describe: _____

d. Location where you propose to operate:

RIVER NAME/SECTION	PUT-IN	TAKE-OUT	FREQUENT STOPS/CAMPS

4a. Upland Outfitting and Competitive Events (Check all that apply): If you propose to provide one or more of the following services, please complete this section. If not, go to section 4 on page 3.

Guide Service Deer/Elk Lion/Bear Fishing Other Game
 Packing Service (camps, game, etc.) Horseback Trail Rides
 Mountain Bike Rides Cross Country Skiing Snowmobile Tours
 4 Wheel Drive Tours Horse and Pack Animal Rental/Delivery
 Services for People with Disabilities (Describe): _____
 Competitive Event (Describe): _____
 Other (Describe): _____

b. **Duration:** _____ Day Use _____ Overnight 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.)

Location	Dates of use	BLM, USFS. or Private

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:
(Camps and facilities are subject to BLM Area Manager's approval.)

Location/Facilities	Dates of use	BLM, USFS. or Private

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 #) _____ Horses _____ Mules _____ Other

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

6. Transportation

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

Year	Make	Model Type	Color	State/License Number

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 If yes, check method used:

Bottled Water Filter Boiled Chemicals Other

8. Sanitation

Toilets (check): Pit Portable Chemical Carryout Other:

If human waste is carried out, please describe: Solid Human Waste Removal : _____

Liquid Human Waste Practices: _____

9. Safety and Rescue Information

Check safety and rescue equipment carried on each trip (Indicate # of item or check all the apply)

First Aid Kits First Aid Station Signaling Device

PFD's Fire Extinguisher Spare Motor

Throwable Rescue Device Other

10. Persons that are authorized to represent your business: (List the name, address and position of all employees, guides, part time, and contracted help): Attach another sheet if needed.

Name	Address	Position

List must be updated within 2 weeks of hiring or firing employees.

11. Background Information

List other permitted areas or rivers (Include agency and office location):

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:

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 (we) am (are) required to comply with 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 this Operating Plan or other permit information updated, are grounds for probation, suspension, or revocation of the permit.

Permittee

Date