

**United States Department of the Interior
Bureau of Land Management
Colorado State Office
Special Recreation Permit Annual Evaluation**

Outfitter: _____ **Year:** _____
Business Name: _____ **Expires** _____

1. Insurance: Expiration Date: _____ Current: ___ Yes ___ No

Acceptable Limits: Liability: _____ ___ Yes ___ No

Property: _____ ___ Yes ___ No

U.S. named insured/co-insured/additional? ___ Yes ___ No

2. Fees Paid? **Date** **Amount** ___ Yes ___ No
 Credit Forward _____ _____

Previous Balance _____ _____

Minimum Annual Fee _____ _____

Campsite Reservation Fee _____ _____

3. Operations conform with operating plan? ___ Yes ___ No

4. Performance bond status effective? Expires: _____ ___ Yes ___ No

5. Post Use Report in on date: _____ Correct: ___ Yes ___ No

6. Outfitter license as required by Dept. of Regulatory Agencies (DORA) in file? ___ Yes ___ No

7. Number of days on BLM land: _____ Number of participants: _____

8. Free of violations or public complaints? _____ ___ Yes ___ No

9. On-the-ground inspection completed for overnight camps? _____ ___ Yes ___ No

10. Outfitter performance rating: ___ Yes ___ No

 ___ Superior ___ Acceptable ___ Probationary ___ Unacceptable

11. Superior Outfitter Performance Documented? (Note in Comment Section) ___ Yes ___ No

12. Permittee sent results of Annual Evaluation? _____ ___ Yes ___ No

Comments: _____

Annual Evaluation Completed By: _____ Date _____

Annual Evaluation Approved By: _____ Date _____

