

**United States Department of the Interior
Bureau of Land Management
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

Credit Forward _____ ___Yes ___No

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 MT Dept. of Labor & Industry (Board of Outfitters) 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 _____