

**OPERATING PLAN**  
 For Commercial Outfitter  
 And Competitive Permittees  
 (Addendum to Form 2930 -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

Owner/partner(s) Names: \_\_\_\_\_

Phone number where messages are regularly picked up: \_\_\_\_\_

Email: \_\_\_\_\_

Other contact if you are unavailable (emergencies only):

Name/Phone: \_\_\_\_\_

Do you use radio communications for operations or emergencies: Yes No

If yes, what frequencies do you use?

Year company was established: \_\_\_\_\_ Years with current Owner: \_\_\_\_\_

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 Start	Use Dates End	Estimated Number of Client Days	Location

Activity	Use Dates Start	Use Dates 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	Other
Inflatable Kayaks	Motorboats	Jet Skis	Shuttle Service
Drift Boats	Paddle Boats	Kayaks	
Fishing	Photography		

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

3b. Duration: \_\_\_\_\_ Day Use \_\_\_\_\_ Overnight Use

3c. Do you rent boats or other equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No

3d. Location where you propose to operate (include a map with this plan)

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	Horse & Pack Animal Rental/Delivery	Mountain Bike Rides	4 Wheel Drive Tours
Cross Country Skiing	Snowmobile Tours			
Services for People with Disabilities (Describe):				
Competitive Event (Describe):				
Other (Describe):				

4b. Duration: \_\_\_\_\_ Day Use \_\_\_\_\_ Overnight Use \_\_\_\_\_

4c. Are you proposing to set up temporary facilities, caches, or staging facilities?

\_\_\_ Yes \_\_\_ No (Please list by Township, Range, Section and subdivision to the nearest 40 acre parcel).

Location	Dates of Use	BLM, USFS, or Private

4d. 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	Dates of Use	BLM, USFS, or Private

4e. 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  Lamas  Other

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


**6. Transportation**

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

Year	Make	Model Type	Color	State//Licenses Number

**7. Food/Beverages**

7a. Do you provide food?  YES  NO

Check if provided:  Breakfast  Lunch  Dinner  Snacks

7b. Cooking facilities (Check all that apply):  
 Stove     Wood Fire     Charcoal Fire     Firepan

7c. 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 Waste Removal: \_\_\_\_\_

**9. Safety and Rescue Information**

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

First Aid Kits     First Aid Station     Signaling Device

PFD's     Fire Extinguisher     Spare Motor

Throw able 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.

**Background Information – next page.**

**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 2930-1 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