



**United States Department of the Interior
Bureau of Land Management
Wyoming State Office**



Operating Plan for Tourism Outfitters

Permit # _____
(Agency Use Only)

This operating plan is used in BLM decision making process. Once the permit is issued, this plan, along with your compliance with permit stipulations, will be evaluated at the end of each permit year.

Company Name: _____ Date: _____

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

1. Company Contact Information: Individual Partnership Corporation

- a. Owner/Partner(s) _____
- b. Phone number where messages are regularly picked-up: (_____) _____
- c. Other contact if you are unavailable (emergencies only): (_____) _____
Name: _____ Phone number (_____) _____
- d. Do you use an emergency contact device? Yes No
Radio frequencies used _____
Cell Phone Number: (_____) _____

2. Company Background Information:

- a. Year this company was established _____ Years with current owner _____
- b. Have you ever been previously permitted for this activity? Yes No
Permitting Agency: _____ Dates: _____
- c. Have you ever been previously permitted under another name or company owner?
Yes No
Please provide all previous permit holders: _____
- d. Do you have additional currently held recreation permits? Yes No
Permitting Agency: _____ Dates: _____

3. Public/Private Land Use Information:

- a. Are you a private land owner or do you have access agreements with private land owner(s)?
Yes No
If so, please attach a copy(ies) of the warranty deed(s) or access agreement(s).
- b. List all roads used to access the proposed activity; include access and emergency routes:
Road Number

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



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Location	Dates of Use	BLM, USFS, State or Private
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- d. **Are you proposing to camp on BLM lands?** Yes No
Please list all camps that will be used less than 14 consecutive days and indicate land status.

Location & Facilities	Dates of Use	BLM, USFS, State or Private
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Please provide a brief description of all activities pertaining to this event:

(if additional space is needed attach additional pages)

- a. **Describe what experiences you will be providing to customers.** (Skill development, tranquility, adventure)

5. Contingency planning. In the event that environmental factors change the proposed action, how will the activity be modified? Attach a copy of the contingency plan

6. Recreation Services and Pricing Information:

- a. Please list pricing packages and all services included (i.e. lodging, transportation, meals and additional activities). Prepare to submit a pre-trip itinerary.



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Example:

Price	Package information
<u>\$1500</u>	<u>Week long wagon train on the Cherokee Trail.</u>

Price	Package information
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

b. Book Keeping Methods:

c. Fee Calculation Method:

Time on/time off	Percentage of BLM Land	Per person
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7. 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 public lands (corrals, tethers, etc.)

Transportation:

8.

a. Please list all vehicles used

Make	Model	Type	Color	License #	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

b. Will clients be allowed to operate vehicles including ATVs or snowmobiles? Yes No

c. Are you or your employees trained and certified in ATV operation and use? Yes No
Please attach a copy of current certifications.



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9. Sanitation:

Toilets (check): Pit Portable Chemical Other

If waste is carried out, please describe method:

Solid waste removal: _____

Liquid waste removal: _____

10. Check safety equipment carried on each trip (indicate the # of each item or check all that apply).

First Aid Kits First Aid Station Signaling device

MREs Fire Extinguisher Cell Phones

Are you or any of your guides certified in first Aid or CPR? Yes No

Please attach a copy of current certifications.

11. Persons that are authorized to represent your business: (list the name, address and position of all employees, guides, part time, and full time. Attach another sheet if needed.

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 your guide/outfitting operations or associated activities?

Yes No

If so, please 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 am required to comply with the 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 to this Operating Plan or other permit information updated, are grounds for probation, suspension, or revocation of the permit.

Permittee/Applicant

Date



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Estimated Fee Calculations

Annual Revenue

Customer Price(s) _____

Estimated number of clients per year _____

Estimated Annual Gross _____

Fees

Base fee (\$95.00, 3% gross, or \$5.00 per participant per day whichever is greater) _____

Time on/time off	Percent of BLM Land	Per person Rate	_____
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Designated site fee (\$190.00 per site) _____

Deductions

Transportation costs _____

Lodging _____

Compensated Trips _____

Permittee Signature: _____ Date: _____

Authorized Officer Signature: _____ Date: _____

