



**United States Department of the Interior  
Bureau of Land Management  
Wyoming State Office  
Operating Plan for Events**

Permit # \_\_\_\_\_  
(Agency Use Only)

Competitive, Commercial, Organized, or Special Area

This operating plan is what BLM uses to authorize an activity, insure success and meet recreation objectives. Once the permit is issued, this plan, along with your compliance with permit stipulations, will be evaluated.

*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.*

Proponent Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Detailed Proposed Action:** Please provide a written detailed description of all planned activities that will pertain to this event. Including items such as: Emergency plans, vendors, law enforcement, promotion, sanitation, livestock, 4x4s and ATVs, clean up and reclamation.

**Contingency plan:** In the event of unplanned changes the proposed event.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of participant's \_\_\_\_\_ Spectators \_\_\_\_\_ Age groups \_\_\_\_\_

**Contact Information:**  Individual  Organization  Competitive  Commercial

Business owner/Partnership(s) \_\_\_\_\_

Phone number where messages are regularly picked-up: (\_\_\_\_) \_\_\_\_\_

- A. Other contact if you are unavailable (emergencies only):  
Name: \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- B. Do you use an emergency contact device? Yes  No   
Radio frequencies used \_\_\_\_\_  
Cell Phone Number (\_\_\_\_) \_\_\_\_\_

**1. Background Information:**

- a. Have you ever been previously permitted for this activity? Yes  No   
Permitting Agency: \_\_\_\_\_ Dates: \_\_\_\_\_
- b. Have you ever been previously permitted under another name or company?  
c.  Yes  No  
Please provide all previous permit holders: \_\_\_\_\_
- c. Do you have a current recreation permit(s) ? Yes  No   
Permitting Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

**2. 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. Are you proposing to set up temporary facilities, caches, or stages? Yes  No



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(Please list by Township, Range, Section and subdivision to the nearest 40 acre parcel and or GPS using UTM's.) Please provide detailed map. GIS compatible is preferred.

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

- c. **Are you proposing to camp?** Yes  No   
Please list all BLM campgrounds and/or public and private land locations

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

Exclusive site Use yes  no

- d. Access to and from event or activity (delineate on map)  
Road or route numbers / unimproved road. Attach route agreements

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*Please provide detailed Site Plan \**

3. **Activity Pricing Information:**  
a. Please list pricing packages and all services included (i.e. lodging, transportation, meals and additional activities, entry fee (attach brochures or flyers if available)).

Price	Package information/vendor prices
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. **Transportation:**  
a. Please list all vehicles used by event personnel

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



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- 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.*

**5. Sanitation:**

Toilets (check): Pit  Portable  Chemical  Other

If waste is carried out, please describe method:  
Solid waste removal: \_\_\_\_\_  
Liquid waste removal: \_\_\_\_\_

**6. 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.*

**7. Persons that are authorized to represent your event: (list the name, address and position of all employees. Attach another sheet if needed.)**

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

In the past two years have you or any of your event/activity representatives or employees been convicted of a federal, state or local violation in connection with you operation 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Officer Signature: \_\_\_\_\_ 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 or 3% gross or \$5.00 per participant per day, whichever is greater) \_\_\_\_\_  
Time on/time off          Percent of BLM Land          Per person Rate          \_\_\_\_\_  
Designated site fee (\$190.00 per site, if appropriate) \_\_\_\_\_

**Deductions**

Transportation costs \_\_\_\_\_  
  
Lodging \_\_\_\_\_  
Compensated Trips \_\_\_\_\_

Permittee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

