

Wyoming State Board of Outfitters and Professional Guides
1950 Bluegrass Circle, Suite 280
Cheyenne, WY 82002
1-800-264-0981
<http://outfitters.state.wy.us>

New Outfitter Operation Plan

Incomplete and inaccurate operation plans will not be considered and will be returned.

1. Provide the name, address, and phone number of the licensed Outfitter who will be performing the outfitter functions contained in this operation plan.

Name: _____

Mailing Address: _____
Address City State Zip

Physical Address (if different from above): _____
Address City State Zip

Telephone: Home: _____ Office: _____ Cell: _____

2. Provide the name, address, and phone number of the business.

Name: _____

Mailing Address: _____
Address City State Zip

Physical Address (if different from above): _____
Address City State Zip

Telephone: Home: _____ Office: _____ Cell: _____

3. Email Address (the Board may contact you via email if preferred): _____

4. Indicate one of the following that best explains the outfitter relationship to the business.

a. The outfitter solely owns the business: _____

b. The outfitter has a partial ownership interest in the business: _____

c. The outfitter has no ownership interest in the business: _____

5. Indicate one of the following that best explains the nature of the business.

Sole proprietorship _____ Partnership _____ Corporation _____

6. Provide the name, address and phone number of the sole proprietor, the principal managing general partner, or the principal corporate officer or director (if the outfitter, simply write "outfitter").

Name: _____ Phone: _____

Address: _____
Address City State Zip

7. If a partnership or corporation provide the names and titles of the principal general partners or the principal directors and officers.

| Name | Title |
|----------|-------|
| a. _____ | _____ |
| b. _____ | _____ |
| c. _____ | _____ |

8. List any other authorized person(s) to represent your business, but not act in the capacity of an outfitter (i.e. booking agent):

| Name: | Address: | Phone: | Position: |
|-------|----------|--------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

9. Do the outfitter and the business entity intend that the outfitter license shall be issued for the use and benefit of the business? Yes _____ No _____

10. Have you ever been licensed as an outfitter in Wyoming for hunting activities before: YES ____ NO ____

If yes, list what year(s), operation name and land type(s) permitted on:

| Year(s): | Operation name: | Land Type(s): |
|----------|-----------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

11. Have you previously held or currently hold any other permit(s) for activities on public land? (i.e. summer trips, fishing)

If yes, list what year(s), what name operated under, land type(s) permitted on and activity:

| Dates: | Operation name: | Land Type(s): | Activity: | Permitting Agency: |
|--------|-----------------|---------------|-----------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

12. Are you a landowner or do you have access agreements with private landowners? YES ____ NO ____

If yes, please provide private land authorization forms, as required in the application process, and maps of the areas.

13. List only the areas in Wyoming where you intend to operate. Include a map of minimum scale of 1:126,720 or BLM Land Status Map. Attach additional sheet(s) if necessary. (Supplemental area authorizations can be obtained to expand your area of operation.)

| Species | Numeric hunt area requested | Drainage or specific area | Land type: BLM; Forest Service; State; Private; GTNP |
|----------|-----------------------------|---------------------------|--|
| a. _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ |
| d. _____ | _____ | _____ | _____ |
| e. _____ | _____ | _____ | _____ |

f. _____

g. _____

h. _____

i. _____

j. _____

k. _____

l. _____

m. _____

n. _____

o. _____

p. _____

q. _____

r. _____

s. _____

t. _____

u. _____

v. _____

w. _____

x. _____

y. _____

z. _____

14. Indicate one or more of the following concerning lands where your outfitting operations are to take place (must total 100%).

Private land owned _____% Private land leased _____%

Private land with permission _____% Public land _____%

15. Please provide a specific detailed account of your knowledge of the requested areas of authorization. Attach an additional sheet if necessary.

16. **Please provide a detailed and specific explanation** on how you plan to operate your business and an average day of operation. **Failure to provide a complete and accurate operation plan may result in denial of application.** Any amendments to this operation plan must be submitted to, and approved by, the Board. Failure to operate within the parameters of this plan will be considered in the investigation of complaints and overall performance. If the question or statement does not apply, mark as NA. Attach additional sheets as necessary.

A. Area of Operation

1. Base of operation (i.e. lodge, motel, camp): _____

2. Transportation to/from hunt departure point: _____

3. If not fully detailed in question 13; please give description/name of the land you will be utilizing (i.e. ranch name, Forest name): _____

B. What experiences are you providing to your clients? _____

C. Description of Operation

1. Camp sites (i.e. location): _____

2. Preferred use within hunt area: _____

3. Specify spike camps or drop camps and location: _____

4. If setting up temporary facilities, caches or stages, please list location as specifically as possible:

| Location/Nature of use: | Dates of Use: | BLM, FS, State or Private: |
|-------------------------|---------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. Hunt Packages including type and length of hunt (i.e. 3 day antelope; 6 day elk, combo hunts offered, etc.)

6. Guide/hunter ratio: _____

7. List major roads, trails, routes etc.: _____

D. Camp site procedures and sanitation

1. Latrines (i.e. locations, styles etc.): _____
2. Distance of latrines from lakes/creeks: _____
3. If waste is carried out, please describe method: _____
4. Distance of camp site from lakes/creeks: _____
5. Disposal of solid waste: _____
6. Disposal of liquid waste: _____
7. Fire (i.e. use of, safety): _____
8. Handling/control of livestock (i.e. trailering, picketing, corrals, etc.): _____

9. Describe how livestock will be fed and watered when being used in the operation: _____

E. Camp Safety and Rules

1. Pre-hunt orientation: _____
2. Will there be equipment inspections, how often and by whom? _____

-
3. Are there any age, weight or height restrictions: _____
 4. What continued safety measures will be carried out during the hunt? _____

5. Location(s) of first aid kits/equipment: _____

6. List of emergency contacts (i.e Sheriff, Flight for Life, etc.)
 - a. Includes: _____
 - b. Where is list located? _____

7. Systems (i.e. GPS; cell/satellite phone, etc.): _____

8. Handicap procedures: _____

F. Method of transportation during hunt (i.e. horse, ATV, etc.)

Describe how each will play a part in your operation: _____

G. Meals

1. Provided by? (i.e. outfitter, client) _____
2. Which meals provided: _____
3. Location/types of food storage: _____
4. Where prepared (i.e. lodge, camp, etc.): _____
5. Who will prepare the meals? _____
6. Transportation of food/drink: _____
7. Potable water sources: _____

H. Exhibits

1. Operation Plans (FS, BLM) attached: _____
2. Land acres (maps) attached: _____
3. Any additional information supplied to your clients (i.e. contracts, rules, supply lists, etc.) attached: _____

17. Provide the requested information for livestock and equipment.

| A. Livestock (for packing and/or riding) | Number Owned | Number Leased | Total Number |
|--|---------------------|----------------------|---------------------|
| 1. Horses - riding | _____ | _____ | _____ |
| 2. Horses – packing | _____ | _____ | _____ |
| 3. Mules – riding | _____ | _____ | _____ |
| 4. Mules - packing | _____ | _____ | _____ |
| 5. Other - Specify: _____ | _____ | _____ | _____ |
| B. Tack | Number Owned | Number Leased | Total Number |
| 1. Riding saddles | _____ | _____ | _____ |
| 2. Pack saddles | _____ | _____ | _____ |
| 3. Panniers | _____ | _____ | _____ |
| 4. Manties | _____ | _____ | _____ |
| 5. Blankets and pads | _____ | _____ | _____ |
| 6. Bridles | _____ | _____ | _____ |
| 7. Halters | _____ | _____ | _____ |
| C. Cooking, Food Service and Stoves | Number Owned | Number Leased | Total Number |
| 1. Cooking stoves | _____ | _____ | _____ |
| 2. Heating stoves | _____ | _____ | _____ |
| 3. Total number of clients you are able to serve at one time with existing equipment and utensils: _____ | | | |

D. First Aid Kits

1. Total Number _____

2. Types _____

E. Fire Extinguisher(s)

1. Total Number _____

2. Types _____

F. Vehicles – including ATV's, snowmobiles, etc. Attach additional sheet if necessary.

| Make | Model/Type | Year | Color | License # and State | Owned/Leased |
|----------|------------|-------|-------|---------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |

Will clients be allowed to operate vehicles? YES _____ NO _____

Are you or your employees trained and certified in ATV operation? YES _____ NO _____ Attach documentation.

G. Camper and Horse Trailers

| Make | Model/Type | Year | License # and State | Owned/Leased |
|----------|------------|-------|---------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

H. Tents

| Size | Sleeping capacity | Number of tents | Cots, Pads, Sleeping Bags |
|----------|-------------------|-----------------|---------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |



UNITED STATES DEPARTMENT OF THE INTERIOR



BUREAU OF LAND MANAGEMENT
WYOMING STATE OFFICE

ADDITIONAL INFORMATION REQUIRED BY THE BLM
(if applying for BLM authorization)

In addition to the information requested by the Wyoming State Board of Outfitters, the BLM requests the following. (Once the permit is issued, this plan, along with your compliance with permit stipulations, will be evaluated at the end of the year.

Company Background Information:

1. Year this company was established: _____ Years with current owner: _____

2. Have you ever been previously permitted for this activity? Yes _____ No _____

Permitted agency: _____ Dates: _____

Permitted agency: _____ Dates: _____

3. Have you ever been previously permitted under another name or company owner? Yes _____ No _____

Please provide all previous permit holders: _____

Recreation Services and Pricing Information:

1. Please list pricing packages and all services included (i.e. lodging, transportation, meals and additional activities). Attach brochures or flyers if available.

Example:

Price: \$1500 Package Information: Two-day elk hunt, airline tickets and overnight lodging included, meals included in price.

Price: _____ Package Information: _____

Bookkeeping Methods:

Violation Convictions:

1. 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 yes, 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 2930-1 and any 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.

I hereby certify to the best of my knowledge that the information I have provided in this application and any other attachments are true and correct, and I understand that providing false information or omitting pertinent information in this application or other required forms and documents, is justification for the denial of my application.

Applicant Signature

Date

State of _____

County of _____

Signed and sworn to or affirmed before me on _____ by _____
Date Name(s) or Person(s)

Signature of Notarial Officer

(Seal)

My commission expires: _____