

Alaska Region | v. 20220215

Special Use Application for Outfitter/Guide Services

This document is considered a proposal until it is evaluated to ensure it meets minimum screening criteria (36 CFR 251.54) before it is accepted as a formal application.

Make sure to schedule a pre-application meeting with an agency representative prior to submitting this document.

If more space is needed to provide additional details, please attach a separate sheet(s).

Applicant Information						
Name:						
Title:						
Mailing Address:						
Phone:						
Authorized Agent Information (if differ						
Name:						
As an applicant, are you? (check one) Individual Corporation	If yes, are you a citizen of the United States? If yes, provide a copy of your state certificate of					
Limited Liability Company Partnership or Association State Government or Agency Local Government or Agency Other	(Includes high schools)					
Official Title of Business						
Legal Entity Name:						
	Name on the State of Alaska business license:					
	es, etc., if any:					
Website IIRI ·						

Forest Service on. Provide a b	I location(s). You may use the <i>Outfitter/Guide Operating Plan Template</i> provided by a click to open <u>Chugach</u> or <u>Tongass</u> form. Orief description of the proposed area(s) of use. Include GPS or UTM coordinates, locate to the coordinates, etc. Attach a map covering the area of proposed activities at a scale that show
	about the proposed area(s) of use.
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IC.4	
_	oposed use is in a congressionally designated wilderness or wilderness study area, list
_	oposed use is in a congressionally designated wilderness or wilderness study area, lis , please explain why the proposed activities need to occur within a designated wilder
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Optional format 2

Liability Insurance. The applicant will be required to obtain liability insurance in an amount satisfactory to the authorized officer. The insurance policy must name the United States as an additional insured. A copy of the certificate of insurance must be provided to the special use administrator prior to issuance of a permit.

Service of other redefat of su	ate agency.		ived in the past 3		
pliance with Laws and Regula	ations				
Within the past 5 years, have been convicted of a federal, s Yes No	-	=	_	=	-
Within the past 5 years, have state license or registration po		· ·	•	ves or employees Yes	s had a
Have you ever had an outfitt		. .	y federal or state a	agency) denied,	
suspended, or revoked? If Yes, explain:	Yes	No			
11 1 св, схрині.					
			ailitzz ta aamdusat tk	ne proposed activ	ities.
ncial Capability. Provide a sta	tement of your	financial capat	enity to conduct in	rr	

Optional format 3

Public	Benefits. Provide a statement of the need for the proposed activ	ities and the expected public benefits.
Signat	ure	
	I hereby certify that I am of legal age and am authorized to dobe personally examined the information contained in this application to the best of my knowledge. I acknowledge this is an application.	on and certify this information is correct
	National Forest System lands is not authorized until a special u	• • • • • • • • • • • • • • • • • • • •
	Forest Service authorized officer.	
	Printed Name:	
	Signature:	Date:
	Application must be signed by the applicant or authorized representative	
	18 U.S.C. § 1001 makes it a crime for any person knowingly and willfully to make to an	ny department or agency of the United States any false,
	fictitious, or fraudulent statements or representations as to any matter within its jurisdic	ction. Anyone who knowingly or willfully makes or uses

Checklist of Attachments. Make sure that your application is complete and be sure to include the following:

any false statements or representations shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

- Copy of all licenses required to conduct the proposed activities, including State of Alaska business license.
- Copy of all employee trainings or certifications required by the applicant. For example: First Aid/CPR, cold water immersion, swift water rescue, EMT, Wilderness First Responder, etc. All guides who work alone with their clients will have, at minimum, a current American Red Cross (or equivalent) First Aid/CPR certification.
- Operating Plan.
- Map covering the area of proposed activities.
- Proof of liability insurance. Attach if you already have insurance, otherwise, to reduce financial burden to applicants, liability insurance does not need to be obtained and a copy provided until the application has been reviewed and accepted for processing.
- Client's Acknowledgment of Risk Form if you plan to use one.
- Copy of any performance evaluations received as a commercial outfitter/guide in the past 3 years from the Forest Service or other federal or state agency.

Optional format 4