

OUTFITTER GUIDE CHECKLIST

This following list includes the requirements that are necessary to evaluate and approve your proposal. All new application proposals will be evaluated during the Scenic Area's annual Open Season from January 1 to March 1.

1. Completed Outfitter/Guide Operation Plan Proposal (forms enclosed)
 - a. Explanation of services to be provided.
 - b. When you will offer services (beginning and ending dates).
 - c. A map(s) that shows where you propose to offer services.
 - d. Average and maximum size of groups you will be taking onto the National Forest for each type of activity planned.
 - e. Qualifications roster of individuals or employees actually doing the outfitting/guiding.
 - f. Information and education to be provided to your clients.
 - g. Safety and/or sanitation precautions/procedures that apply to your service.
 - h. Resource Protection measures

If your application is approved you will need to submit the following documents in order to receive an outfitter/guide special use permit:

1. Estimated Use and Fee Worksheet (Instructions provided)
2. If operating in Oregon, proof of Oregon State Outfitter Guide registration or a copy of correspondence from the State of Oregon exempting you or your organization from the state law. (Non profit organizations are exempt, unless operating a commercial service). Information on state registration can be obtained from the Marine Board in Salem at 1-503-378-8587. Until your permit is approved, only submit documentation that you have contacted the Oregon State Marine Board, regarding registration. Once your application has been approved, you will need to submit a copy of your registration prior to receiving your permit.
3. A Certificate of Insurance showing coverage as described on page 6 below.
4. A copy of your participant agreement.
5. Documents reflecting your customer rate schedule. This should include advertising material, brochures, or a signed letter to the Forest Service indicating your customer rates.

OUTFITTER/GUIDE OPERATION PLAN/PROPOSAL

Complete all pertinent sections in as much detail as necessary for the Forest Service to understand your annual operation. If additional space is needed, attach supplemental pages. If a section does not relate to you, indicate with a N/A. Please type or print legibly.

YEAR OF OPERATING PLAN: _____

NAME OF OUTFITTER AND/OR BUSINESS _____

ADDRESS: _____

PHONE NUMBER(S): _____

TYPE(S) OF ACTIVITIES (i.e., hiking, mountain biking, backpacking, horseback riding, photography workshops).
Group by location (i.e., trail, recreation site). Attach map depicting travel routes and overnight locations.

STANDARD OPERATING PROCEDURES (how you and your employees will run your programs).
Include how you will provide environmental education, minimum impact practices, etc..

[illegible]

WHAT WILL BE THE AVERAGE RATIO OF GUIDES TO GUESTS? _____

LIST YOURSELF AND ALL EMPLOYEES, INDICATE THE LEVEL OF FIRST AID TRAINING, THE EXPIRATION DATE, AND PROFESSIONAL QUALIFICATIONS OR MEMBERSHIP.

Employee	First Aid and Expiration Date	Professional Qualifications

EXPLAIN THE PROCEDURES TO BE TAKEN IN CASE OF ACCIDENTS OR OTHER EMERGENCIES.

The holder is must notify and submit to the Forest Service within 5 days of any accident that results in, or may result in, an insurance claim. The holder must contact the Forest Service within 24 hours of any accident resutling in a death or serious injury.

DESCRIBE THE FIRST AID EQUIPMENT TO BE USED DURING OPERATIONS: _____

WILL YOU USE ANY TYPE OF RADIO COMMUNICATION SYSTEM FOR GENERAL OPERATIONS OR FOR EMERGENCIES: _____ IF YES, DESCRIBE SYSTEM: _____

RESOURCE PROTECTION (DESCRIBE LEAVE NO TRACE MEASURES AND OTHER ACTIONS YOU WILL TAKE TO MITIGATE OR PREVENT IMPACTS TO TRAILS, VEGETATION, STREAMS, WILDLIFE, AND THE EXPERIENCE OF OTHER FOREST VISITORS) :

EXPLAIN METHODS FOR DISPOSING OF TRASH AND WASTE (TOILETS, LITTER, ETC.).

DESCRIBE ANY TEMPORARY STRUCTURES TO BE USED. _____

WILL YOU REQUIRE AN ASSIGNED CAMPSITE? _____ WHERE? _____

ESTIMATED USE AND FEE CALCULATION WORKSHEET

Name of individual or organization: _____

Planned Date(s) of Use	Activity	Proposed Area of Use	Estimated No. of Participants	Estimated Revenue
Total Estimated:				

Excel table may be used (template will be provided on request)

Number of Service Days	Flat Fee	Maximum Gross Revenue for Each Bracket of Service Days
1 to 50	\$150	\$10,000
51 to 100	\$300	\$20,000
101 to 150	\$450	\$30,000
151 to 200	\$600	\$40,000

Note: If gross revenue is expected to exceed the flat fee brackets above, the proponent should notify the permit administrator and an alternative fee estimation worksheet will be provided.

INSURANCE REQUIREMENTS

The following insurance guidelines are provided to show why insurance requirements are necessary and how the Certificate of Insurance needs to be prepared to meet Forest Service requirements.

The Special Use Permit requires the holder to indemnify the United States against any liability for damage to life or property arising from the occupancy or use of National Forest System Lands. The Permit requires the Permittee to have the insurance company name the **United States Government** as an additionally insured party.

Also, the Certificate of Insurance and the insurance policy shall contain a specific provision to the effect that the policy shall not be cancelled or the provisions changed or deleted before thirty (30) days written notification by the insurance company to the Forest Service.

A Certificate of Insurance must be presented to the Forest Service before a Special Use Permit will be issued. For new permits, or if there is a change in insurance companies, especially for long-term or high risk projects the Authorized Officer will require that a copy of the actual insurance policy be furnished before the permit is issued.

The following acceptable additional insured clause shall be shown in verbatim on the face of the Certificate of Insurance and, as a clause or an endorsement in the insurance policy:

"It is understood and agreed that the United States Government is additionally insured solely as respects liability arising from operations of the named insured."

In addition, the following 30 day clause is also mandatory and shall be shown in verbatim on the Certificate of Insurance as well as in the insurance policy.

"It is understood and agreed that the coverage provided under this policy will not be changed or its provisions changed or deleted before thirty (30) days written notice to the United States Government, U.S. Department of Agriculture, Area Manager, Columbia River Gorge National Scenic Area, 902 Wasco Ave. Ste. 200 Hood River, OR 97031.

The certificate holder should read; "United States Government, c/o USDA Forest Service, Columbia River Gorge National Scenic Area".

If these clauses are not on the Certificate of Insurance in verbatim, and are not in the insurance policy or on an endorsement as stated above, a Special Use Permit will not be issued.

The amount of insurance required will depend on the activity being authorized and the degree of risk involved. The Forest Service representative administering the special use permit will inform the (prospective) permittee of the required liability coverage necessary. Typical limits may follow:

Type of Activity	Minimum Coverage Amount (in thousands of dollars)	
	<i>Split Limit</i>	Combined Single Limit
Hiking/Backpacking	25/300/300	300
Interpretive Education/Photography	25/300/300	300
Bicycling	25/500/500	500
Pack and Saddle Stock, Equestrian	25/500/500	500
Rafting & Boating (Class I-III)	25/500/500	500
Rafting & Boating (Class IV-V)	25/500/1,000	1,000

ACTUAL USE REPORT AND FINANCIAL FORM

For Calendar year 2019

to be completed at end of operating season

Name of individual or organization_____

Key contact person_____

Actual Date(s) of USe	Area of Use/Trail (Be Specific)	No. of Participants	Total Revenue from Fees Collected	Nature of Use or Program Name
TOTALS				

Excel table may be used (template will be provided on request)