

### Outfitter-Guide Performance Rating Form

|                                                   |  |            |        |
|---------------------------------------------------|--|------------|--------|
| Permit Holder:                                    |  |            |        |
| National Forest:                                  |  | District:  |        |
| Evaluation Period From:                           |  | To:        |        |
| Type of Operations:                               |  |            |        |
| Locations:                                        |  |            |        |
| Dates of Field Inspections:                       |  |            |        |
| Field Inspectors:                                 |  |            |        |
| Camps in Operation During Inspection:             |  | Yes        | No     |
| Holder Representative present during inspections: |  |            |        |
| This evaluation is:                               |  | Midseason: | Final: |

|                                                                                                                                                                                                             |                                                                             |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------|
| <p>Checks in the boxes and comments must be based on factual objective information observed by inspectors and/or verified through investigations. Outstanding performances should be noted in comments.</p> | <p>A = Fully Acceptable<br/>NI = Needs Improvement<br/>U = Unacceptable</p> | <p>NC = Not Checked<br/>NA = Not Applicable</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------|

| EVALUATION CATEGORIES                                                                             | CHECK APPROPRIATE BOX |    |   |    |    |
|---------------------------------------------------------------------------------------------------|-----------------------|----|---|----|----|
|                                                                                                   | A                     | NI | U | NC | NA |
| <b>A. SERVICE TO PUBLIC</b>                                                                       |                       |    |   |    |    |
| 1. Rates, service and accommodations provided are represented fairly in advertising and brochures |                       |    |   |    |    |
| 2. Holder shows courtesy to non-outfitted public.                                                 |                       |    |   |    |    |
| 3. Operations properly coordinated with other landowners, if required.                            |                       |    |   |    |    |
| 4. Compliance with requirements of Title VI of the Civil Rights Act.                              |                       |    |   |    |    |
| 5. Clients received educational and interpretive information about the area and its values.       |                       |    |   |    |    |
| Comments:                                                                                         |                       |    |   |    |    |

| EVALUATION CATEGORIES                                                                                              | CHECK APPROPRIATE BOX |    |   |    |    |
|--------------------------------------------------------------------------------------------------------------------|-----------------------|----|---|----|----|
|                                                                                                                    | A                     | NI | U | NC | NA |
| <b>B. COMPLIANCE WITH PERMIT CONDITIONS</b>                                                                        |                       |    |   |    |    |
| 1. Application, certificate of insurance, signing of permit and payments submitted on time and properly completed. |                       |    |   |    |    |
| 2. Use reports submitted accurately and on time.                                                                   |                       |    |   |    |    |
| 3. Compliance with Federal, State, and County laws and regulations as required by permit.                          |                       |    |   |    |    |
| 4. Compliance with other terms and conditions of the permit.                                                       |                       |    |   |    |    |
| Comments:                                                                                                          |                       |    |   |    |    |

| EVALUATION CATEGORIES                                                            | CHECK APPROPRIATE BOX |    |   |    |    |
|----------------------------------------------------------------------------------|-----------------------|----|---|----|----|
|                                                                                  | A                     | NI | U | NC | NA |
| <b>C. COMPLIANCE WITH OPERATING PLAN</b>                                         |                       |    |   |    |    |
| 1. Holder participation in operating plan preparation.                           |                       |    |   |    |    |
| 2. Holder's employees knowledgeable of operating plan contents.                  |                       |    |   |    |    |
| 3. Adherence to operating plan, schedules, itineraries, notification of changes. |                       |    |   |    |    |
| 4. Adherence to camp management plans, permitted structures, use of site(s).     |                       |    |   |    |    |
| Comments:                                                                        |                       |    |   |    |    |

| EVALUATION CATEGORIES                                                | CHECK APPROPRIATE BOX |    |   |    |    |
|----------------------------------------------------------------------|-----------------------|----|---|----|----|
|                                                                      | A                     | NI | U | NC | NA |
| <b>D. EQUIPMENT/LIVESTOCK</b>                                        |                       |    |   |    |    |
| 1. Equipment provided as advertised.                                 |                       |    |   |    |    |
| 2. Equipment safe and well maintained.                               |                       |    |   |    |    |
| 3. Boats, aircraft, or vehicles licensed or certified when required. |                       |    |   |    |    |
| 4. Livestock treated properly and humanely.                          |                       |    |   |    |    |
| Comments:                                                            |                       |    |   |    |    |

| EVALUATION CATEGORIES                                                                        | CHECK APPROPRIATE BOX |    |   |    |    |
|----------------------------------------------------------------------------------------------|-----------------------|----|---|----|----|
|                                                                                              | A                     | NI | U | NC | NA |
| <b>E. SAFETY:</b>                                                                            |                       |    |   |    |    |
| 1. Holder exhibits a concern for health and safety of guests, employees, and general public. |                       |    |   |    |    |
| 2. Staff current with first aid and knowledgeable of safety procedures.                      |                       |    |   |    |    |
| 3. Guests receive a safety orientation to the operation.                                     |                       |    |   |    |    |
| Comments:                                                                                    |                       |    |   |    |    |

| EVALUATION CATEGORIES                                                                             | CHECK APPROPRIATE BOX |    |   |    |    |
|---------------------------------------------------------------------------------------------------|-----------------------|----|---|----|----|
|                                                                                                   | A                     | NI | U | NC | NA |
| <b>F. RESOURCE PROTECTION</b>                                                                     |                       |    |   |    |    |
| 1. Holder uses minimum impact techniques.                                                         |                       |    |   |    |    |
| 2. Operation neat and orderly.                                                                    |                       |    |   |    |    |
| 3. Compliance with fire regulations, Fish and Game regulations, protection of cultural resources. |                       |    |   |    |    |
| 4. Following appropriate procedures for human waste management and garbage.                       |                       |    |   |    |    |
| 5. Protection of threatened and endangered species.                                               |                       |    |   |    |    |
| Comments:                                                                                         |                       |    |   |    |    |

| EVALUATION CATEGORIES                                                                                                                                                                       | CHECK APPROPRIATE BOX |    |   |    |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----|---|----|----|
|                                                                                                                                                                                             | A                     | NI | U | NC | NA |
| <b>G. MAJOR INCIDENTS. If Any</b>                                                                                                                                                           |                       |    |   |    |    |
| This category relates to handling of unusual incidents, accidents, significant resource damage, serious violation of law, or confrontations. Describe in separate attachments to this form. |                       |    |   |    |    |
| Comments:                                                                                                                                                                                   |                       |    |   |    |    |

Special efforts worthy of commendation:

Prior performance deficiencies, if any, corrected:

|                 |            |  |              |  |              |  |
|-----------------|------------|--|--------------|--|--------------|--|
| OVERALL RATING: | Acceptable |  | Probationary |  | Unacceptable |  |
|-----------------|------------|--|--------------|--|--------------|--|

Outfitter-guide licensing Board notified, if required? Date:

Board Comments Attached: YES NO

This performance rating constitutes a decision which is subject to appeal pursuant to Secretary of Agriculture regulation 36 CFR 251, Subpart C. Any such appeal and a statement of reasons must be submitted within 45 days of the date of this rating to the Forest Service Official next higher to the authorized officer.

Signatures:

|                     |  |       |  |
|---------------------|--|-------|--|
| Authorized Officer: |  | Date: |  |
| Title:              |  |       |  |

|                |  |       |  |
|----------------|--|-------|--|
| Permit Holder: |  | Date: |  |
| Title:         |  |       |  |

Holders Comments:

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The permit holder's signature acknowledges receipt and review of the rating, not necessarily agreement. Ratings are confidential between the Forest Service and the holder to the extent allowed by law and regulation.

