

# OUTFITTER AND GUIDE CHECKLIST

## Deadlines for temporary use applications:

- February 15<sup>th</sup> for Summer/Fall use (after June 1<sup>st</sup> & before November 1<sup>st</sup>)
- August 15<sup>th</sup> for Winter/Spring use (after November 1<sup>st</sup> & before May 31<sup>st</sup>)

\_\_\_\_\_ **Complete SF299 Application Form** - a legal entity must be identified as the proponent

\_\_\_\_\_ **Complete Operating Plan**- this must include but is not limited to a description of the proposed activity/ activities, the locations it would take place including any Forest Service facilities (trailheads, parking lots, restrooms etc), the estimated group size and client:guide ratio, the starting and ending dates, sanitation and safety measures (inclement weather, communication, etc), and the designated agent of the legal entity to communicate with. See template.

\_\_\_\_\_ **Maps** - Include access routes, assigned sites or camping locations or other FS facilities (parking areas, trailheads, restrooms etc.), parking locations, trailering access, start and end/turn around points and any areas where you may explore on foot that are off designated roads or trails. Maps must be detailed enough to easily identify Forest Service roads/trails and County or State roads/trails. Maps must be in pdf form. We are unable to accept paper maps with highlighting.

\_\_\_\_\_ **Annual Itinerary** (including estimated gross revenue and assigned sites)

Fill out the actual use form with planned trips: activity type/ class name, trails/roads, group size, fees per person.

\_\_\_\_\_ **Proof of adequate insurance** - if renewed annually please indicate when you will be able to furnish the document. Auto insurance is required if transportation in a vehicle is provided to clients.

- Must be in the name of the Permit Holder (registered business name)
- The Description of Operations box must state, ***"Certificate holder is an additional insured but only with respect to its interest in the named insured's operations"***
- Certificate Holder Box must have **U.S. Government c/o USDA Forest Service  
Arapaho and Roosevelt National Forests  
2150 Centre Ave., Building E  
Fort Collins, CO 80526**

\_\_\_\_\_ **Current Guide/Instructor and employee list** (including the required current first aid/CPR certifications). If providing a specialized certification such as AIARE please include applicable certifications.

\_\_\_\_\_ **List of ancillary service providers** (if applicable)

\_\_\_\_\_ **Copy of State Registrations** (if applicable)

- \_\_\_\_\_ DORA (Department of Regulatory Agency) \*hunting and fishing
- \_\_\_\_\_ Snowmobiles
- \_\_\_\_\_ Vehicles (ATV, UTV) and trailers
- \_\_\_\_\_ Others \*fishing licenses/ hunting licenses for guides

\_\_\_\_\_ **List of vehicles or major equipment** (including make, model and license numbers) - Although not required OG's should strive to make their group identifiable by displaying logos on vehicles, tents, trailers, boats, and guides.

\_\_\_\_\_ **Copies of current brochures or other advertising material** (e.g., website url)

If permitted, materials must state,

[business name] is an equal opportunity service provider and employer  
[business name] operates under special use permit from the USDA Forest Service

\_\_\_\_\_ Comply with Title VI of the Civil Rights Act

\_\_\_\_\_ Actual Use Reports Due **within 30 days of the last day of each operating season**