TEMPORAY SPECIAL USE 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 Forest's annual Open Season from January 1st to March 15th of each year.

1. Completed Outfitter/Guide Operation Plan Proposal

   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 given 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 temporay special use permit.

1. A Certificate of Insurance must be presented to the Forest Service before a Special Use Permit will be issued. The Permit requires the Permittee to have the insurance company name the **United States Government** as an additionally insured party. 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.
   The certificate holder should read; "United States Government, c/o USDA Forest Service, Rio Grande National Forest ".

2. Documents reflecting your customer rate schedule. This should include advertising material, brochures, or a signed letter to the Forest Service indicating your customer rates.

TEMPORARY OUTFITTER/GUIDE SPECIAL USE OPERATING PLAN

Name of Permit Holder:

Address:

Contact Phone Numbers:

Email Address:

Company Website:

Prepared by:_____ Date:_____
Permit Holder Signature

_____
Permit Holder printed name

Reviewed by:_____ Date:_____
FS Permit Administrator

_____
FS Permit Administrator printed name

Approved by:_____ Date:_____
FS Authorized Officer

_____
FS Authorized Officer printed name

TEMPORARY SPECIAL USE OPERATION PLAN/PROPOSAL

Complete all pertinent sections in as much detail as necessary for the Forest Officer 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 (cross country skiing/tours, progressive backpacking, etc). Attach map depicting travel routes and overnight locations, miles/acres._____

Name of individual or organization:_____

TRIP ITINERARY:

Planned Date(s) of Use (Be Specific)	**Activity**	**Proposed area of use**	**Estimated Number of Client Days**

STANDARD OPERATING PROCEDURES (how you and your employees will run your programs). Include knowledge of leave no trace principles and resource protection practices.

_____

RISK MANAGEMENT: Procedures you have you have in place to reduced the risk of injury or accidents to your clients with route selection, go/no decisions, precautions, emergency devices etc. or attach a copy of your safety plan.

_____

_____

LIST THE CLIENTS/GUIDE RATIO THAT WILL BE INVOLVED IN EACH ACTIVITY

_____

_____

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 District Ranger/ Permit Administrator 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 and WASTE DISPOSAL: Please refer to the Leave No Trace-(LNT) website:

_____

_____

_____

FEES

Temporary Use Permit Fees		
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

** If gross revenue amounts exceed those as listed in column 3 for each bracket of service days, please report gross revenue amounts to the permit administrator for additional fee determination. Gross revenue receipts are due 30 days from the last trip date. Gross revenue receipts may also be inspected or requested at any time by the permit administrator for review.