

Request and Authorization Form One-Time Hazardous Excursion Outside Outfitter's Operating Area

Outfitter Requesting Hazardous Excursion	Name of Licensed Outfitter Business:	License # Operating Area # _____ # _____
	Contact Name:	Primary Phone # Secondary Phone #
	Mailing Address:	
	Signature of DA or Licensed Outfitter:	Date of Signature: ____/____/____

Activity is outside of overlapped outfitters' area or is otherwise unlicensed, not requiring outfitter agreement

Overlapping Outfitter - Required for each affected	Name of Licensed Outfitter Business:	License #
	Contact Name:	Primary Phone # Secondary Phone #
	Mailing Address:	
	Signature of DA or Licensed Outfitter::	Date of Signature: ____/____/____

Hazardous Excursion-Information	Activity Requested and Proposed Operating Plan (Attach on a separate page and provide responses to the following questions):	
	<ul style="list-style-type: none"> Explain the activity you are wanting to provide List the number of licensed guides and unlicensed personnel that you intend to use in the provision of services to your clients in this area Explain the number and planned use of equipment that will be used to provide services to your clients in this area Explain your plan to assure the safety and provide for emergency medical care of clients in this operating area. Specifically describe first aid kits and related first aid equipment that will be available, communication systems and your emergency evacuation plan 	
	Activity Dates:	
	Number of Participants:	
Area Description – Attach area and location maps (BLM or Forest Service)		

Primary & Secondary Land Managers	Land Management Agency or Land Owner:	Public Agency? Yes ___ No ___ Private Land Owner? Yes ___ No ___
	Contact Name:	Primary Phone # Secondary Phone #
	Title	
	Mailing Address:	
	Approved <input type="checkbox"/> Signature: _____ Denied <input type="checkbox"/>	Date of Signature: ____/____/____

Land Manager Comments	
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Credit Card Authorization Printed Name appearing on credit card _____ Signature _____
on Card (Visa or MasterCard only) _____ Exp. Date _____ Amount **\$100.00** or Check # _____

Director's Authorization

Date