EXHIBIT C

**(Year) ANNUAL OPERATING PLAN**

**(Outfitter Name and Activities)**

**(District Office)**

When signed by the holder and the Authorized Officer, this Annual Operating Plan becomes part of the Special Use Permit. This plan provides specific direction for the 200x operating season, beginning \_\_\_\_\_\_\_\_\_\_\_\_and ending \_\_\_\_\_\_\_\_\_\_\_\_. The authorized officer must approve any changes to the Annual Operating Plan.

Business Name:

Submitted By:

 Permit Holder Date

Reviewed By:

 Outfitting Administrator Date

Approved By:

 Authorizing Officer Date

REVISION AND AMENDMENT RECORD

|  |  |  |  |
| --- | --- | --- | --- |
| Date  | Page | Nature of Revision/Amendment | Authorized Officer |

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| AREA | SERVICE CATEGORY | SERVICE DAYS |
|  | Activity Type | Period of Use | Priority Use | Temporary Use |
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**\_\_\_\_\_\_ ANNUAL OPERATING PLAN**

1. List Guides and License Number (if applicable)

|  |  |
| --- | --- |
| Name | State License Number |
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2. All guides must have a current Standard First Aid and CPR card and other required training.

 List Guides and Card Date (provide copies of cards if available and attach).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Name | 1st Aid / CPR Card Date | Avalanche Certification Date | Swiftwater Rescue Certification Date | Climbing Guide Certification (optional) |
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3. Forest Service Contact:

4. Description of Vehicles to be used this operating season (include license #):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 6. Approved Itinerary

1. Priority use for \_\_\_\_\_\_ service days.
2. Temporary use for \_\_\_\_\_\_\_ service days.

6. Advertised Daily Rate Per Person (List all activities). (User Note – only include this clause in the 4’th year when fees are to be reevaluated) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_