

# Operating Plan

## Prineville District BLM Special Recreation Permit

Deschutes John Day Crooked River SRP# \_\_\_\_\_

Operating Plan must accurately identify all uses and activities, areas, seasons of the operations and other details associated with proposed use of public land. Information must be complete and all proposed services, facilities and dates described fully. Indicate if operating plan includes any new or discontinued services. Submission of incomplete Operating Plans may result in processing delays, and/or rejection of the permit.

### 1. Company information:

Business Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Owner(s)/Partners: \_\_\_\_\_

### 2. Proposed services narrative:

Operating Plan is being submitted with Permit Renewal or transfer.  Modification of existing Operating Plan  
Describe the services you propose to provide on public land. For each proposed activity, indicate river segment, launch and take-out points, and duration of trip, party size and average price per trip. Use additional sheets if needed. Describe unique or special benefits to visitors from your proposed operation.

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### 3. Proposed services, river use and activities checklist.

Describe checked services in section 2 above. This is not an all-inclusive list of services that can be offered.

- Guided Float Trips  Guided Fishing Trips  Equipment Rental  Motor or Jet boats  
 Transportation/Shuttle  Photography  Instructional  Services for disabled  Competitive event  
 Day Use  Overnight Use  Other (describe in section 2) \_\_\_\_\_

### 4. What type of equipment do you own and operate?

- Oar Rafts \_\_\_\_\_ (quantity)  Paddle Rafts \_\_\_\_\_ (quantity)  Drift Boats \_\_\_\_\_ (quantity)  
 Kayaks \_\_\_\_\_ (quantity)  Motor or Jet boats \_\_\_\_\_ (quantity)  Catamarans \_\_\_\_\_ (quantity)  
 Other \_\_\_\_\_ (describe) \_\_\_\_\_ (quantity)

### 5. Do you use sub-contractors? YES NO

If yes, you must be familiar with all stipulations regarding subcontractors including Stipulations #25 and #26 on page 12 and Appendix C, Definition of Subcontractor on page 31 of the 2002 Guidelines.

**6. Watercraft Identification (LOGOS)** A permittee may have a maximum of two different logos. Refer to stipulations #36, #37 on pages 13, 14 in the 2002 Guidelines. Attach a sample of graphic logos.

Logo #1 \_\_\_\_\_ Logo # 2 \_\_\_\_\_

**7. Food** Will you set up kitchen facilities?  YES  NO If yes, will your kitchen contain:  Stove  
 Fire pan\*  Charcoal\*  Other (describe) \_\_\_\_\_

**8. Water** Indicate drinking water sources:  Chemically treated  Bottled  Filtered  
 Boiled  Other (describe) \_\_\_\_\_

**9. Sanitation Facilities:** Describe human waste system (brand) and disposal methods\* \_\_\_\_\_  
\_\_\_\_\_

**10. Describe client "Leave No Trace" education and supervision:** \_\_\_\_\_  
\_\_\_\_\_

**11. Describe your dishwashing procedures:** \_\_\_\_\_  
\_\_\_\_\_

**12. Safety and Rescue** Check items carried on each trip.

First Aid Kit\*  Sounding Device/Whistle\*  Radio/cellular phone  Life jackets\*  Pump for inflatable  
 Throw-rope  Fire Extinguisher/Shovel  Extra oar/paddle  Repair kit  Rescue Rope, Pulleys

**13. Non-Public Land Use** Will private lands be used as part of the permitted activity?  Yes  No

If yes, please provide the following information and attach a copy of written permission from landowner.

Name of land owner(s) \_\_\_\_\_

Phone # of land owner(s) \_\_\_\_\_

I certify the information given by me in this proposed Operating Plan is true, accurate, and complete. I acknowledge that I (we) am (are) required to comply with requirements and stipulations on Permit Application Form 8370-1 and stipulations which are contained in the current "Guidelines for Commercial Use of Rivers in the Prineville\_District". I understand that providing false information or failure to keep this Operating Plan or other permit requirements up to date is grounds for probation, suspension or cancellation of the permit. Operating plan must be signed by a person authorized to conduct business with the BLM as per Statement of Ownership. Operating Plan must be approved by BLM.  Approved \_\_\_/\_\_\_/\_\_\_ by: \_\_\_\_\_.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_