



**United States Department of the Interior
Bureau of Land Management
Wyoming State Office**



Special Recreation Permit Annual Evaluation

Outfitter: _____ **Year:** _____
Business Name: _____ **Expires:** _____

1. Insurance: Expiration Date: _____ Current: Yes No
 Acceptable Limits: Liability: _____ Yes No
 Property: _____ Yes No
 U.S. named insured/co-insured/additional? Yes No

2. Fees Paid?	Date	Amount		
Credit Forward	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Balance Due	_____	_____		
Minimum Annual Fee	_____	_____		
Campsite Reservation Fee	_____	_____		

3. Operations conform with operating plan? _____ Yes No

4. Performance bond status effective? Expires: _____ Yes No

5. Post Use Report in on date: _____ Correct: Yes No

6. Wyoming State Board of Outfitters & Professional Guide license in file? Yes No

7. Number of days on BLM land: _____ Number of participants: _____

8. Free of violations or public complaints? _____ Yes No

9. On-the-ground inspection completed for overnight camps? _____ Yes No

10. Outfitter performance rating: Yes No
 Superior Acceptable Probationary Unacceptable

11. Superior Outfitter Performance Documented? (Note in Comment Section) Yes No

12. Permittee sent results of Annual Evaluation? _____ Yes No

Comments: _____

Annual Evaluation Completed By: _____ Date: _____

Annual Evaluation Approved By: _____ Date: _____