



ANGLING GUIDE OPERATING PLAN UNCLASSIFIED WATERS ONLY April 1, 20 ___ to March 31, 20 ___

1. BASIC INFORMATION

Legal Last Name: _____ Legal First Name: _____ Legal Middle Initial: _____

Organization (if applicable): _____ Date of Birth (MM/DD/YYYY): _____

Permanent Address:

Street or PO Box: _____

City or Town: _____ Postal Code: _____ E-mail: _____

Phone (day): _____ Fax: _____

Local Address (in season):

Street or PO Box: _____

City or Town: _____ Postal Code: _____ E-mail: _____

Phone (day): _____ Fax: _____

CANADIAN CITIZEN INSURANCE AVAILABLE (Y/N) LANDED IMMIGRANT

Region(s): _____

Are you making changes to your Angling Guide Operating Plan (AGOP) from last year Yes No

2. DESCRIPTION OF OPERATIONS (attach brochure if available)

BUSINESS OPERATIONS

Daily Fee: _____

FUTURE PLANS

LAND TENURE

LICENCES AND PERMITS

3. TRANSPORTATION

4. NUMBER OF EMPLOYED

SPECIFY THE NUMBER OF:

POWER BOATS: _____ HELICOPTERS: _____

DRIFT BOATS: _____ FIXED WING: _____

LAND VEHICLES: _____ ALL-TERRAIN VEHICLES: _____

NUMBER DAYS WORKED

GUIDE AND ASSISTANT GUIDES: _____

OTHER EMPLOYEES: _____

NOTE: Licences cannot be issued for activities that are contrary to the proper management of wildlife in B.C. (Permit Regulation, B.C. Reg. 253/2000, s. 5)

For further information: https://portal.nrs.gov.bc.ca/

Phone: 1-877-855-3222 (North America); International: ++1-778-372-0729



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1. WATERS FISHED

Table with 7 columns: Specific Water or Area, M.U., X if New, Time Period (From M/D, To M/D), Angler Days, Species. Contains 12 rows of blank lines for data entry.

6. THIRD PARTY ASSOCIATIONS

ARE YOU AFFILIATED WITH ANY FISHING CAMP, LODGE OR RESORT? YES [] NO []

IF YES PLEASE SPECIFY

CLIENT ORIGINS (NUMBER OF ANGLER DAYS)

[] OTHER CANADIANS

[] BRITISH COLUMBIANS

[] NON CANADIANS

7. FOR OFFICAL USE ONLY

SPECIFY ATTACHMENTS

SIGNATURE OF APPLICANT _____

REGIONAL MANAGER _____

DATE OF APPROVAL _____

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