

Licence Number
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**Instructions**

- Ensure that you are familiar with the *Wilderness Tourism Licensing Act* and Regulations.
- Ensure that each section is completed and that all information is **clearly printed** or typed.
- Ensure that each page is initialled by the applicant in the space provided at the bottom of the page, and the signature block is signed at the end of the application.
- Ensure that all attachments and the appropriate licence fee is submitted with the application.
- To avoid confusion over dates, enter year, month, day.

The Registrar may request additional information upon receipt of this application.

**Confidentiality:** This information is being collected under the authority of the *Wilderness Tourism Licensing Act* and will be used only for the purpose of research, statistical and enforcement purposes. For further information direct inquiries to Registrar, Wilderness Tourism Licensing (867) 667-5648, or 1-800-661-0508 ext. 5648. Data will be collected and used in a way that ensures operator confidentiality, and reflects governments obligations under the *Access to Information and Protection of Privacy Act*.

**Part 1. Applicant information**

OPERATOR/BUSINESS/COMPANY NAME:			
CONTACT NAME:		POSITION:	
MAILING ADDRESS (BOX NUMBER/STREET ADDRESS):			
TOWN/CITY:	PROVINCE/TERRITORY/STATE:	COUNTRY:	POSTAL/ZIP CODE:
RESIDENT ADDRESS (STREET ADDRESS):		TOWN/CITY:	
TELEPHONE:	FAX:	E-MAIL:	

**Citizenship** ►  Canadian  Other \_\_\_\_\_

If you are not a Canadian citizen or a landed immigrant, do you have a work visa or other papers?  Yes  No

Please explain. \_\_\_\_\_

**Corporate or business information**

An operator applying for a licence under the *Wilderness Tourism Licensing Act* requires proof of Yukon incorporation or registration under the *Business Corporation Act*. Please check the appropriate box and attach a copy of your business registration.

- Incorporation under the *Business Corporation Act*, or
- Extra-territorial registration under the *Business Corporation Act*, or
- Registration under the *Partnership and Business Names Act*.

Corporate address (if different from above) \_\_\_\_\_

Jurisdiction of corporate registration \_\_\_\_\_

## Part 2. Wilderness tourism activity

Please indicate the wilderness tourism activity that you intend to provide. (check all that apply)

### Summer activities

- |  |   |
|--|---|
| <input type="checkbox"/> canoeing                    | <input type="checkbox"/> motorized boat tours |
| <input type="checkbox"/> First Nation cultural tours | <input type="checkbox"/> mountain biking      |
| <input type="checkbox"/> heli-hiking                 | <input type="checkbox"/> mountaineering       |
| <input type="checkbox"/> hiking/backpacking          | <input type="checkbox"/> photographic safaris |
| <input type="checkbox"/> horseback riding            | <input type="checkbox"/> river rafting        |
| <input type="checkbox"/> kayaking                    | <input type="checkbox"/> rock climbing        |
|  | <input type="checkbox"/> sport fishing        |

### Winter activities

- |   |
|---|
| <input type="checkbox"/> cross-country skiing |
| <input type="checkbox"/> dog mushing          |
| <input type="checkbox"/> heli-skiing          |
| <input type="checkbox"/> snowmobiling         |
| <input type="checkbox"/> Other _____          |

## Part 3. Period in which activities will occur

Please indicate when you will be reporting your trips.

- October 31 for summer activities
- May 31 for winter activities

## Part 4. Mandatory documentation

To obtain a licence under the *Wilderness Tourism Licensing Act* you must present proof of the following.

- a) workers compensation coverage ►  YWCHSB number \_\_\_\_\_ or  sole proprietorship  
(Yukon Workers' Compensation Health and Safety Board must match company name listed in Part 1: Application information, and must provide coverage for the entire period of operation.)
- b) liability insurance coverage, minimum \$1 million (Canadian). Attach a copy of your coverage or a certificate of insurance.
- c) valid certification in First Aid and level "C" CPR for each guide listed in Part 6: List of guides and field employees.

## Part 5. Annual application fee, \$100 (Canadian)

Payment can be made by cheque, cash or money order in Canadian dollars. **Do not** send cash through the mail. Make cheques or money order payable to the Government of the Yukon. (There is no GST.)

I, \_\_\_\_\_ director, officer or authorized  
Name  
representative of \_\_\_\_\_, declare that the  
Name of business to appear on licence  
information provided on this application is true and correct to the best of my knowledge.

I acknowledge and agree that the falsification of information is considered grounds for refusal, suspension, or cancellation of my licence.

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR AUTHORIZED OFFICIAL

\_\_\_\_\_  
DATE (YY/MM/DD)

**All sections of this application must be completed in full, and submitted together with any required attachments and the required fee.**

**Mailing address**

Registrar, Wilderness Tourism Licensing Act  
Parks and Protected Areas Branch V-10  
Department of Environment  
Government of the Yukon  
Box 2703  
Whitehorse, Yukon Y1A 2C6

**Street address**

Building 271 - 9029 Quartz Road  
Whitehorse, Yukon Y1A 4P9

For additional information phone 867-667-5648 or toll free 1-800-661-0408, extension 5648

*The Registrar reserves the right to reject any application for reasons of insufficient or incomplete information. The Registrar may request additional information to support this application, for the purposes of fulfilling his/her duty under the Act.*

This information is being collected under the authority of section 3 of the Wilderness Tourism Licensing Regulation pursuant to the *Wilderness Tourism Licensing Act*.

**WILDERNESS TOURISM REGISTRAR OFFICE USE ONLY**

Date application received \_\_\_\_\_ Licence number \_\_\_\_\_

All necessary information provided  Yes  No

Additional information required \_\_\_\_\_

Processed by \_\_\_\_\_

Method of payment  cheque  cash  money order

Licence expiry date (y/m/d) \_\_\_\_\_

**Part 6. List of guides and field employees**

List only guides and employees working in the field in the Yukon. Note that employee's names are required for enforcement of certain regulations; however, only guides are required to have valid certification in First Aid and level "C" CPR.

For any additional guides, attach information on separate sheet using a similar format.

## Part 6. List of guides and field employees

### 1 ► Guide or Employee

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Date of birth (y/m/d) \_\_\_\_\_

Mailing address \_\_\_\_\_ Postal code \_\_\_\_\_

City \_\_\_\_\_ Territory/Province/State \_\_\_\_\_ Country \_\_\_\_\_

Physical address \_\_\_\_\_

Citizenship ►  Canadian  work visa (if required) \_\_\_\_\_

Certifications ►  First Aid, certification date (y/m/d) \_\_\_\_\_ expiry date (y/m/d) \_\_\_\_\_

CPR, level "C," certification date (y/m/d) \_\_\_\_\_ expiry date (y/m/d) \_\_\_\_\_

Valid certificates attached ►  First Aid  CPR, level "C"

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### 2 ► Guide or Employee

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Date of birth (y/m/d) \_\_\_\_\_

Mailing address \_\_\_\_\_ Postal code \_\_\_\_\_

City \_\_\_\_\_ Territory/Province/State \_\_\_\_\_ Country \_\_\_\_\_

Physical address \_\_\_\_\_

Citizenship ►  Canadian  work visa (if required) \_\_\_\_\_

Certifications ►  First Aid, certification date (y/m/d) \_\_\_\_\_ expiry date (y/m/d) \_\_\_\_\_

CPR, level "C," certification date (y/m/d) \_\_\_\_\_ expiry date (y/m/d) \_\_\_\_\_

Valid certificates attached ►  First Aid  CPR, level "C"

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### 3 ► Guide or Employee

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Date of birth (y/m/d) \_\_\_\_\_

Mailing address \_\_\_\_\_ Postal code \_\_\_\_\_

City \_\_\_\_\_ Territory/Province/State \_\_\_\_\_ Country \_\_\_\_\_

Physical address \_\_\_\_\_

Citizenship ►  Canadian  work visa (if required) \_\_\_\_\_

Certifications ►  First Aid, certification date (y/m/d) \_\_\_\_\_ expiry date (y/m/d) \_\_\_\_\_

CPR, level "C," certification date (y/m/d) \_\_\_\_\_ expiry date (y/m/d) \_\_\_\_\_

Valid certificates attached ►  First Aid  CPR, level "C"

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### 4 ► Guide or Employee

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Date of birth (y/m/d) \_\_\_\_\_

Mailing address \_\_\_\_\_ Postal code \_\_\_\_\_

City \_\_\_\_\_ Territory/Province/State \_\_\_\_\_ Country \_\_\_\_\_

Physical address \_\_\_\_\_

Citizenship ►  Canadian  work visa (if required) \_\_\_\_\_

Certifications ►  First Aid, certification date (y/m/d) \_\_\_\_\_ expiry date (y/m/d) \_\_\_\_\_

CPR, level "C," certification date (y/m/d) \_\_\_\_\_ expiry date (y/m/d) \_\_\_\_\_

Valid certificates attached ►  First Aid  CPR, level "C"

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