



# ANGLING GUIDE OPERATING PLAN UNCLASSIFIED WATERS ONLY April 1, 20 \_\_\_\_ to March 31, 20 \_\_\_\_

## INSTRUCTIONS FOR COMPLETING AN ANGLING GUIDE OPERATING PLAN (UNCLASSIFIED WATERS ONLY)

### GENERAL INFORMATION

If you are currently an angling guide or wish to become an angling guide in British Columbia, the Wildlife Act requires an operating plan to be submitted for EACH region in which you propose to guide.

If you are applying for new waters, additional angler days or are making significant changes in your existing operation, this application **MUST BE SUBMITTED ON OR BEFORE JANUARY 15** of the year prior to the fiscal year in which you intend to guide.

NOTE: THIS APPLICATION APPLIES ONLY TO WATERS NOT DESIGNATED AS CLASS I OR CLASS II. A SEPARATE PLAN (FORM) IS REQUIRED FOR EACH CLASS I OR CLASS II WATERS.

#### 1. **BASIC INFORMATION**

This section provides for the name, date of birth and citizenship of the applicant. It is important that “addresses” remain current so that the Ministry can contact the angling guide if necessary.

The “insurance available” box verifies that the applicant can obtain the necessary liability insurance should the application be approved.

The “Region” is the Ministry of Water, Land and Air Protection region(s), e.g., 1, 2, 3, 4, 5, 6, 7A, 7B,8.

Application for Licence year would be the year for which you plan to hold a valid Angling Guide Licence.

#### 2. **DESCRIPTION (ATTACH BROCHURE AND MAP IF AVAILABLE)**

The “General” section should contain a brief business history, the services provided, the type, location and capacity of any accommodation facilities including satellite camps, etc. The daily fee is to be used only for indicating the gross revenues generated by the angling guide industry.

“Future” plans should indicate if the business is new, increasing or stable. If new or increasing, over what period of time is the business expected to develop and to what capacity.

“Tenure” should indicate if the land used is private or crown, and in the latter case, over what period of time tenure has been granted or applied for.

“Licences” should indicate any licences or permits issued by the Ministry of Water, Land and Air Protection.

#### 3. **TRANSPORTATION**

Indicate the number of units used by the angling guide during the season. If, during the season, changes are contemplated in the type of operation (egg. more power boats), prior approval of the regional manager must be obtained.

#### 4. **NUMBER EMPLOYED**

This section is used to indicate the level of employment generated by the industry and should also include the days worked by the applicant.

2005/03/08

NOTE: Permits 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:** <http://wlapwww.gov.bc.ca/pasb/index.htm>  
Victoria 952-0932; Elsewhere in BC 1-866-433-7272



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5. **WATERS FISHED**

This section indicates the general level of use expected. On unclassified waters, the angling guide is not expected to follow exactly to the number of rod days indicated in this section. Note however, that the guide is limited to fishing ONLY those waters listed in the plan. Be as specific as possible in naming the rivers or lakes and Management Unit (MU) but note that different regions may allow for the definition of areas or management units in which to guide. If in doubt, check with the regional biologist or manager.

The "Client origins" sections is used for both estimating the revenues brought into the province and the level of service for residents.

Management Units (M/U) for all waterbodies need to be indicated.

If you run out of space on the form you must then use the blank addendum form located on the website.

6. **THIRD PARTY**

If you are an angling guide working in association with a lodge, fishing camp etc., this must be specifically indicated in this section.

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**1. BASIC INFORMATION**

Applicant's Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 Local Address (in season): \_\_\_\_\_  
 Phone: \_\_\_\_\_ CANADIAN CITIZEN  INSURANCE AVAILABLE (Y/N)   
 Date of Birth (MM/DD/YYYY): \_\_\_\_\_ 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:**

		NUMBER	DAYS WORKED
POWER BOATS _____	HELICOPTERS _____		
DRIFT BOATS _____	FIXED WING _____	GUIDE AND ASSISTANT GUIDES _____	_____
LAND VEHICLES _____	ALL-TERRAIN VEHICLES _____	OTHER EMPLOYEES _____	_____

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**5. WATERS FISHED**

Specific Water or Area	M.U.	X if New	Time Period From M/D	To M/D	Angler Days	Species
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____

**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)**

BRITISH COLUMBIANS

OTHER CANADIANS     NON CANADIANS

**7. FOR OFFICAL USE ONLY**

**SPECIFY ATTACHMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

REGIONAL MANAGER \_\_\_\_\_

DATE OF APPROVAL \_\_\_\_\_

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