



Ministry of Environment

ANGLING GUIDE OPERATING PLAN CLASS I AND II 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

SPECIFY THE NUMBER OF:

POWER BOATS: _____ HELICOPTERS: _____

DRIFT BOATS: _____ FIXED WING: _____

LAND VEHICLES: _____ ALL-TERRAIN VEHICLES: _____

4. NUMBER OF EMPLOYED

	NUMBER	DAYS WORKED
GUIDE AND ASSISTANT GUIDES:	_____	_____
OTHER EMPLOYEES:	_____	_____

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://www.env.gov.bc.ca/pasb/>
Victoria 952-0932; Elsewhere in B.C. 1-866-433-7272

