



Ministry of Environment

# 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: 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



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## 1. WATERS FISHED

Specific Water or Area	M.U.	X if New	Time Period		Angler Days	Species
			From M/D	To M/D		
_____	_____	<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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