

COMMERCIAL TRAIL RIDING (CTR) PERMIT APPLICATION

| ANNUAL OPERATI | NG PLAN | | | | | |
|---|-------------------------|-------------------------------|------------------------|--|--|--|
| Corporate Identity/Operator: | Primary Contact: Date: | | Date: | | | |
| Business/Trail Riding Name: | Previous CTR Permit No: | | | | | |
| *Insurance and Client ID to be the same name as your corporate identity/operator | Business #: | Cell #: | | | | |
| Mailing Address: | | Email: | | | | |
| Client ID: If you do not have a client ID fill out the applic | cation and e-ma | ail to CrownLandDataSupport@g | ov.ab.ca | | | |
| Applicant has guided in a CTR operation in Alberta for at least 3 of the 5 years preceding the application, as per policy or legislation requirements: Yes No If new applicant, or applicant had a permit interruption, attach proof of the requirements. | | | | | | |
| See bottom of page for definitions of camps. Base camp (private land or miscellaneous lease) legal land description: | | | | | | |
| If miscellaneous lease (DML/PML) provide disposition number: | | | | | | |
| If no base camp, main camp GPS coordinates (lat/long in decimal degrees): | | | | | | |
| Backcountry camp(s) GPS coordinates (lat/long in decimal degrees): | | | | | | |
| Requested permit term length (10 year max) Season of operation: (from) (DD-MM-YYYY) (to) (DD-MM-YYYY) Do you require an extension to your CTR Season? Yes No If "Yes", please indicate your desired closing date If the closing date is past Sept 30, please indicate which activities will be conducted. (Some additional information and operating plans may be required.) | | | | | | |
| a) Indicate the total number of horses, ponies, and pack animals to be used in the CTR Operation: | | | | | | |
| Number owned Number rented Brands/Location / Brands/Location / | | | | | | |
| Brands/Location/ Brands/Location/ Mode of travel (packhorse, wagon, etc): | | | | | | |
| b) Feed type (ie. pellets, cubes, oats, hay) and method of storage (NOTE: Feed must be from a weed free source): Main camp: | | | | | | |
| Backcountry camp: | Fly camp: | | | | | |
| c) Is the most recent trail map submitted still current? Yes No | | | | | | |
| If providing a new or updated map, please provide a detailed map and GPS coordinates or shapefiles/kml files that indicate any consistently used trails, main camps, backcountry camps, fly camps, or any points of interest that you expect to use. (Maps can be made available for this purpose). | | | | | | |
| d) Are you planning to construct or install any improvements or structures that will be in place longer than the operating season, or conduct work activities at any camp or on any trail that may include new clearings, trail maintenance other than routine trail maintenance or minor repairs, watercourse crossing maintenance, any ground disturbance, etc.? If yes, additional authorizations may be required. Please contact the Regulatory Body. Yes No | | | | | | |
| Please submit the following documents yearly with your Annual Operating Pl | lan: | | | | | |
| A copy of valid liability insurance and, if required, vehicle insurance A copy of the Operator's and all lead guide's valid first aid certificates (for operations on Provincial Park and Provincial Recreation Areas only) | | | | | | |
| · · · · · · · · · · · · · · · · · · · | • | | Recreation Areas only) | | | |
| Main Camp is in place for the length of the operating season and is used as the field headquarters. Backcountry Camps are in place for greater than 72 hours up to the length of the operating season (separate authorization required on public land). Fly Camps are in place for less than 72 hours. Contact the Regulatory Body for approval to leave a fly camp in place for more than 72 hours. | | | | | | |



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| Commercial Trail Riding Permit | | | | | | | |
|---|-----|--|---------------------------|-------|--|--|--|
| Failure to comply with this Permit, or applicable legislation may result in penalties and/or the cancellation of this Commercial Trail Riding Permit and associated authorizations. | | Authorized Representative of the Commercial Trail Riding Operation | Date: | | | | |
| This Section for Department Use Only | | | Permit No: | | | | |
| Camps will require separate authorizations | Yes | No | | | | | |
| Proposed improvements/work will require separate authorization | Yes | No | | | | | |
| Operator provided map is acceptable | Yes | No | Department Representative | Date: | | | |