



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 250-387-2928; Elsewhere in B.C. 1-866-433-7272; Outside B.C. 250-387-2928



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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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