Alberta Environment and Parks

COMMERCIAL TRAIL RIDING PERMIT APPLICATION

ANNUAL OPERATING PLAN

Owner/Operator: | Application Date:

Business/Trail Riding Name: | Previous CTR Permit No:

Base Camp: GPS Coordinates: _____ Legal Land Description: _____

If Base Camp is under a lease/disposition, please provide the appropriate lease #

Miscellaneous Permit (MLP/PMP) # _____

Miscellaneous Lease (DML/PML) # _____

(PML/PNP) # _____

Main Camp GPS Coordinates:

Season of Operation: (from)_____ (DD-Mon-YYYY) (to) _____ (DD-Mon-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.

_____

Operating Area:

Single Operator Area _____ Multiple Operators Area _____

Park _____ Unclassified _____

Employees a) Number _____

b) List the qualifications for each employee (ie. Valid first aid certificates, guide licences, etc)

Employeees Name	Position	Qualifications

Safety Plans, Forest Fires and Problem Wildlife Considerations

a) Safety Plan attached to application? ☐ Yes ☐ No

Do you use a SPOT tracking system or similar device? If yes, provide the registration number or profile name

_____

b) List firefighting equipment that will be available? (shovel, axe, wajax bag, pail, etc)

Base Camp _____

Fly Camp _____

Trail _____

c) Preparations to address concerns around human-wildlife conflicts and impacts to wildlife?

_____

_____

_____

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Stock a) Indicate the number of stock to be used in the CTR Operation:

Number Owned _____ Number Rented _____

Brands/Location _____ / _____ Brands/Location _____ / _____

b) Mode of Tralve (packhorse, wagon, etc): _____

Feed Type (ie. Pellets, cubes, oats, hay) and method of storage **(NOTE: Feed must be from a weed free source)**:

Base Camp: _____

Main Camp: Fly Camp:

Please provide a detailed map and/or GPS coordinates (or shapefiles/kml. files that indicate any consistently used trails, base camps, main camps, fly camps, or any points of interest that you expect to use. (Maps can be made available for this purpose).

Note: Base Camp = (Ranch/MLP/DML base of operations on private land or a site under disposition with all weather road access

Main Camp = any camp on public land without a disposition at which horses will be contained for extended periods of time

Fly Camp = overnight back country camp, one day and one night

Camp Set up and Take Down Dates:

Base Camp from: _____ to _____

Main Camp from: _____ to _____

Fly Camps (number): _____

Note: Main camps and fly camps cannot be left unattended for more than 72 hours. You must contact your local Approvals Officer for approval to leave the camp unattended for more than 72 hours.

Estimated # of horse units (number of horses x days) over the season: **Base Camp** **Main Camp**

Maintenance and Facility Improvements

a) Any improvements completed last operating season?

_____

b) Improvements proposed for this season?

Base Camp _____

Trails _____

c) Estimated hours of trail maintenance annually?

_____

d) Horse Containment Methods (Materials/Construction)

Base Camp _____

Main Camp _____

Fly Camp _____

Describe how you would handle the following:

a) Salting Methods

Base Camp _____

Main Camp _____

Fly Camp _____

b) Refusal Disposal

Base Camp _____

Main Camp _____

Fly Camp _____

c) Human Waste

Base Camp _____

Main Camp _____

Fly Camp _____

d) Noxious Weeds

_____

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What preparations have or will be made to handle the following?

a) Electric Fencing _____

Maintain a Clean Camp _____

Haul Garbage to Approved Landfill (location) _____

Comments:

b) Other Commercial Trail Ride Operators _____

c) General Public (horse users, hikers, etc) _____

Environmental Concerns (ie. Creek bottoms, erosion problems, rutting, vegetation loss, gray water disposal, etc)

_____

Schedule and/or Proposed Trips:

Note: Indicate those trips which are confirmed by checking the appropriate space in the confirmation column

Date	# of Clients	# of Horses	Destination	Confirmation
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

New Bookings or Cancellations:

Notify the local Approval Officer if additional locations / trail use is requested in advance of the scheduled trip(s).

Annual Operating Plan Approval Permit No: _____

Failure to comply with the Operating Conditions, Backcountry Camping Standards and the Commercial Trail Riding Regulations may result in penalties and/or the cancellation of your Commercial Trail Riding Permit

_____ _____

Authorized Representative of the Commercial Trail Riding Operation Date:

_____ _____ _____ _____

Authorized Parks Division Representative Date: Authorized Public Lands Representative Date