

Licence Number

Instructions

- Ensure that you are familiar with the *Wilderness Tourism Licensing Act* and Regulations.
- Ensure that each section is completed and that all information is **clearly printed** or typed.
- Ensure that each page is initialled by the applicant in the space provided at the bottom of the page, and the signature block is signed at the end of the application.
- Ensure that all attachments and the appropriate licence fee is submitted with the application.
- To avoid confusion over dates, enter year, month, day.

The Registrar may request additional information upon receipt of this application.

Confidentiality: This information is being collected under the authority of the *Wilderness Tourism Licensing Act* and will be used only for the purpose of research, statistical and enforcement purposes. For further information direct inquiries to Registrar, Wilderness Tourism Licensing (867) 667-5648, or 1-800-661-0508 ext. 5648. Data will be collected and used in a way that ensures operator confidentiality, and reflects governments obligations under the *Access to Information and Protection of Privacy Act*.

Part 1. Applicant information

OPERATOR/BUSINESS/COMPANY NAME:			
CONTACT NAME:		POSITION:	
MAILING ADDRESS (BOX NUMBER/STREET ADDRESS):			
TOWN/CITY:	PROVINCE/TERRITORY/STATE:	COUNTRY:	POSTAL/ZIP CODE:
RESIDENT ADDRESS (STREET ADDRESS):		TOWN/CITY:	
TELEPHONE:	FAX:	E-MAIL:	

Citizenship ► Canadian Other _____

If you are not a Canadian citizen or a landed immigrant, do you have a work visa or other papers? Yes No

Please explain. _____

Corporate or business information

An operator applying for a licence under the *Wilderness Tourism Licensing Act* requires proof of Yukon incorporation or registration under the *Business Corporation Act*. Please check the appropriate box and attach a copy of your business registration.

- Incorporation under the *Business Corporation Act*, or
- Extra-territorial registration under the *Business Corporation Act*, or
- Registration under the *Partnership and Business Names Act*.

Corporate address (if different from above) _____

Jurisdiction of corporate registration _____

Part 2. Wilderness tourism activity

Please indicate the wilderness tourism activity that you intend to provide. (check all that apply)

Summer activities

- canoeing
- First Nation cultural tours
- heli-hiking
- hiking/backpacking
- horseback riding
- kayaking
- motorized boat tours
- mountain biking
- mountaineering
- photographic safaris
- river rafting
- rock climbing
- sport fishing

Winter activities

- cross-country skiing
- dog mushing
- heli-skiing
- snowmobiling
- Other _____

Part 3. Period in which activities will occur

Please indicate when you will be reporting your trips.

- October 31 for summer activities
- May 31 for winter activities

Part 4. Mandatory documentation

To obtain a licence under the *Wilderness Tourism Licensing Act* you must present proof of the following.

- a) workers compensation coverage ► YWCHSB number _____ or sole proprietorship
(Yukon Workers' Compensation Health and Safety Board must match company name listed in Part 1: Application information, and must provide coverage for the entire period of operation.)
- b) liability insurance coverage, minimum \$1 million (Canadian). Attach a copy of your coverage or a certificate of insurance.
- c) valid certification in First Aid and level "C" CPR for each guide listed in Part 6: List of guides and field employees.

Part 5. Annual application fee, \$100 (Canadian)

Payment can be made by cheque, cash or money order in Canadian dollars. **Do not** send cash through the mail. Make cheques or money order payable to the Government of the Yukon. (There is no GST.)

I, _____ director, officer or authorized
Name
representative of _____, declare that the
Name of business to appear on licence
information provided on this application is true and correct to the best of my knowledge.

I acknowledge and agree that the falsification of information is considered grounds for refusal, suspension, or cancellation of my licence.

SIGNATURE OF APPLICANT OR AUTHORIZED OFFICIAL

DATE (YY/MM/DD)

All sections of this application must be completed in full, and submitted together with any required attachments and the required fee.

Mailing address

Registrar, Wilderness Tourism Licensing Act
Parks and Protected Areas Branch V-10
Department of Environment
Government of the Yukon
Box 2703
Whitehorse, Yukon Y1A 2C6

Street address

Building 271 - 9029 Quartz Road
Whitehorse, Yukon Y1A 4P9

For additional information phone 867-667-5648 or toll free 1-800-661-0408, extension 5648

The Registrar reserves the right to reject any application for reasons of insufficient or incomplete information. The Registrar may request additional information to support this application, for the purposes of fulfilling his/her duty under the Act.

This information is being collected under the authority of section 3 of the Wilderness Tourism Licensing Regulation pursuant to the *Wilderness Tourism Licensing Act*.

WILDERNESS TOURISM REGISTRAR OFFICE USE ONLY

Date application received _____ Licence number _____

All necessary information provided Yes No

Additional information required _____

Processed by _____

Method of payment cheque cash money order

Licence expiry date (y/m/d) _____

Part 6. List of guides and field employees

List only guides and employees working in the field in the Yukon. Note that employee's names are required for enforcement of certain regulations; however, only guides are required to have valid certification in First Aid and level "C" CPR.

For any additional guides, attach information on separate sheet using a similar format.

Part 6. List of guides and field employees

1 ► Guide or Employee

Last name _____ First Name _____ Date of birth (y/m/d) _____

Mailing address _____ Postal code _____

City _____ Territory/Province/State _____ Country _____

Physical address _____

Citizenship ► Canadian work visa (if required) _____

Certifications ► First Aid, certification date (y/m/d) _____ expiry date (y/m/d) _____

CPR, level "C," certification date (y/m/d) _____ expiry date (y/m/d) _____

Valid certificates attached ► First Aid CPR, level "C"

2 ► Guide or Employee

Last name _____ First Name _____ Date of birth (y/m/d) _____

Mailing address _____ Postal code _____

City _____ Territory/Province/State _____ Country _____

Physical address _____

Citizenship ► Canadian work visa (if required) _____

Certifications ► First Aid, certification date (y/m/d) _____ expiry date (y/m/d) _____

CPR, level "C," certification date (y/m/d) _____ expiry date (y/m/d) _____

Valid certificates attached ► First Aid CPR, level "C"

3 ► Guide or Employee

Last name _____ First Name _____ Date of birth (y/m/d) _____

Mailing address _____ Postal code _____

City _____ Territory/Province/State _____ Country _____

Physical address _____

Citizenship ► Canadian work visa (if required) _____

Certifications ► First Aid, certification date (y/m/d) _____ expiry date (y/m/d) _____

CPR, level "C," certification date (y/m/d) _____ expiry date (y/m/d) _____

Valid certificates attached ► First Aid CPR, level "C"

4 ► Guide or Employee

Last name _____ First Name _____ Date of birth (y/m/d) _____

Mailing address _____ Postal code _____

City _____ Territory/Province/State _____ Country _____

Physical address _____

Citizenship ► Canadian work visa (if required) _____

Certifications ► First Aid, certification date (y/m/d) _____ expiry date (y/m/d) _____

CPR, level "C," certification date (y/m/d) _____ expiry date (y/m/d) _____

Valid certificates attached ► First Aid CPR, level "C"
