

UTAH OUTFITTING COMPANY LICENSE APPLICATION

CARRYING PASSENGERS FOR HIRE

Company Name								
Owner or Contact Person						_ Date of Birth		
Address	First		ldle Initial	Last		State	Zip	
Telephone Number(s) ()		or (_)		_ E-mail			
ATTACH COPIES OF YOUR: 1. Current and valid Return by mail to: Ut				y insurance cov West North Te	-	146001, SLC, L	JT 84114-6001	
E-mail to:	usprcpfh@utah.gov	fa	x to: 801-53	8-7378 Qu	iestions: C	all 801-538-73	61	
The following agent(s) are auth	orized to verify comp	any en	nployment ar	d certify expe	rience:			
Name Title					Signatu	Signature		
Name	Title				Signatu	ure		
Name	Title					_ Signature		
Please indicate if the company I certify the information on this following: (1) A Division registr company, or if the trip log doe Registered outfitting companie of carrying passengers for hire agency at the time of carrying	s application to be tru ation may be suspen s not show the minim s are responsible for (3) An outfitting con	ue and ded or num tri mainta	correct to the revoked if fal ps/hours requisioning a file o	e best of my ki Isified informa Uired for the p f maintenance	tion is ento osition he and inspe	Additionally, I ered on a trip Id by the trip Id ections for eacl	log by any agent of the eader or guide. (2) n vessel in the service	
Owner's Signature				Date				
Date Received Outfitting company registrati Date certificate of outfitting of <u>Registration Requirements</u> Copy of valid business If Copy of liability insuran Approved by	on number company mailed cense. ce			<u>SE ONLY</u>	Rece		0	
			lethod of Pay					
\$ Total Amoun	\$150.00 nt Enclosed (make ch	In State	e \$2	200.00 Out of		tion.)		
Check Visa	MasterCard	Ame	rican Express	s Disco	over			
Card Holder Name:	Card Holder's Signature:							
Account Number:	Expiration Date:							