COLORADO STATE PARKS
RIVER OUTFITTER LICENSING PROGRAM

OUTFITTER RECORDS INSPECTION

Business Name _____ License Number _____

Business Representative _____ Title _____

Ranger(s) _____

Date _____ Connecting Numbers _____

GUIDE INFORMATION

NAME	Age	F.A.	C. P. R.	Guide /T.L. /G.I	Basic Guide Training	Miles for T.L.	Trips as T.L.	Miles for G.I.	Comments

☐ LICENSE ON DISPLAY

☐ Accident Reporting Policy Awareness

☐ Private Property Awareness

☐ TRIP LOGS/RECORDS

____ Names of Trip Leaders
____ Names of Guides on Trip
____ Departure date & time / Section Run
____ Each Passenger or Group Leader Names, Addresses, Phone Numbers

☐ GUIDE AND INSTRUCTOR RECORDS

____ Proof of Current First-Aid and CPR
____ 50 Hrs training For Each Guide
____ 500 Miles - Each Trip Leader
____ 1500 Miles/5 trips as T.L. for Guide Instructors

COPY: #1 L.E. Office
#2 River Ranger
#3 River Ranger
#4 River Outfitter

River Outfitter Representative Signature _____ Date _____