CUSTODIAL PERMIT APPLICATION KLUANE NATIONAL PARK AND RESERVE

PART A: Institution/Affiliation		
Institution/Affiliation:		
Street Address:		
Mailing Address:		
Phone:		
Contact Person:		
Email:	Phone:	
PART B: Trip Information		
Activity:		
☐ Day Hiking		
☐ Backpacking		
☐ Other:		
Custodial groups must be accompanied by a guide (or guides) from a company with a valid Guided Outfitter Business Licence for Kluane NPR for any high-risk/technical activities. Exceptions may be made if custodial groups demonstrate the same standard of care as a Guided Outfitter Business Licence holder. Please complete Part C if going with a licensed outfitter.		
Is your trip happening during the shoulder seasons (October 15–November 15 and April 1-May 1) or the		
winter (November 16-March 31)?		
 Yes – Custodial groups must meet the Winter Travel by Custodial Groups in Kluane NPR requirements. Please contact the park to discuss your plans. No 		
Start Date:	End Date:	
Trip Itinerary (Include the location and the proposed	campsites):	

Group Size:		
Number of Min	nors:	Number of Leaders:
PART C: Lice	ensed Outfitter (if applicable)	
Business Name	: :	
Company Cont	act:	
Phone:		
Email:		
Trip Leader:		
PART D: Oth	er Permit Requirements	
Leaders show	ıld have the appropriate knowledg	e, skills and abilities as identified below:
	19 years of age or older	
	Experience in a group leadership role i	n a wilderness setting
	Pre-trip and daily group planning	
	Ability to assess abilities of trip participable to have a safe experience	pants and adapt program so that all trip members are
	Familiarity with trail and route select avalanches	ion for seasonal hazards such as creek crossings or
	Wilderness safety and survival knowle	dge, skills and abilities
	Knowledge of wildlife safety and safe t	ravel procedures in bear country
	Map and compass use and/or GPS and	
	Environmental practices, minimal imp	
	Able to practice healthy sanitation and	
	Site specific and accurate natural, culti	
	Wilderness First Aid / 40-hour equival Standard first aid and CPR / 16-hour e	
	nust carry and know how to use:	equivalent for the assisting leaders
	71	
	First aid kit	
	Bear spray	
All custodial groups must carry a reliable and functional satellite communication device for emergency communications.		
	Communication Device Type of Device: Numbe	or:
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PART E: APPLICANT SIGNATURE		
I HEREBY VERIFY AND CONFIRM that all information provided is true and accurate, that I will comply with the custodial licensing conditions, and further, that I,		
Applicant Signature:	Date:	
Please submit this form at least two (2) weeks before the beginning of your trip.		
Email: pc.kluaneinfo.pc@canada.ca		
PARKS CANADA		
The Custodial Permit is:		
☐ Approved ☐ Declined		
Parks Canada Staff Member (Full Name and Title)	Date:	
Signature:		