Form Revised 2-24-20

Reported Heliskiing Activity

Company Name: Alaska Mountain Guides

Bi-weekly Period: from to

Person Completing Report: Kevin Sullivan

Date	Start Time	End Time	Heli ID #	Skier Days Used (do not count training/guide school days)	Area(s) / Flight Path(s)	Deviation from the flight guidelines? (provide explanation below*)	Accidents? (provide explanation below*)	Incidental Wildlife Observation? (provide explanation below inc. type of wildlife & location*)
n/a	n/a	n/a	n/a	n/a	n/a	No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
				0				

* Explanations-------flight deviations, accidents, incidental wildlife observations, if any

Date	
	Alaska Mountain Guides will not be operating Heliskiing in 2023.