



P.O. BOX 325, 64 Regent Street, Belize City, Belize, C.A.

TOUR OPERATOR MODIFICATION REQUEST FORM

Date Submitted: (dd/mm/yyyy) _____

Please complete all required information in PRINT.

Mark an X for fields requesting update based on selected modification type. Documentations are required for the changes made.
(Mandatory Section: Fill all fields)

1. General Information:

License # _____ Licensed Year _____ Control ID # _____

Name of Tour Operator _____

2. Type of Modification Request:

Owner Info | Contact Info | Employee Info | Tour Info | Insurance | Deregistration

(Circle options applicable)

3. Ownership Information:

a) Name of Owner / Ownership Company _____

Names of Proprietor(s) or Shareholders	% of the Share(s)	Nationality of the Proprietors or Shareholders	Contact # / Email
1.			
2.			
3.			
4.			

b) Name of the appointed Manager _____

c) Management Phone No. _____ Email _____

4. Contact Information:

a) Physical Location: Street Address _____ District _____

b) Mailing Address: PO Box _____ Street Address _____ District _____

c) Office No. _____ Mobile No. _____

d) Website _____ Email _____

5. Employee Information: (Must also fill out Detail Employee Template as per attached form)

a) # of New Employees _____ New Total # Employees _____

b) # of New Tour Guides _____ New Total # Tour Guides _____

c) # of departing Employees _____ # of departing Tour Guides _____

6. Tour Information: (Must also fill out Tour Package Template as per attached form)

a) # of New Tours _____ New Total # Tours _____

b) # of New Transport Equipment _____ # of total transport fleet _____

c) # of Discontinued Tours _____ # of removed transport equipment _____

7. Insurance Information:

a) Insurance Company _____

b) Expiration: (dd/mm/yyyy) _____

c) Type of Insurance Coverage _____



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8. * Deregistration:

a) Commencement date of Deregistration: (dd/mm/yyyy) _____

b) Reason for Deregistration: (Circle options applicable) Personal | Sale | Insolvency | Other

Personal Reason(s) _____

Sale of Business: New Tour Operator Owner Name _____

New Owner Contact No. _____ Email: _____

Specify other Reason(s): _____

Official Use: Involuntary Reason due to non-compliance with Standards or Terms & Conditions

REQUIREMENTS:

1. **Change of ownership, Business Name and Address** – Certified copy of the Business Name Registration Certificate
2. **Change of contact information** - Official letter from Entity indicating change
3. **Change of employee information** - Fill out Tour Operator Detail Employee Template with respective additions and dismissals.
4. **Change of tour information** - Fill out Tour Operator Tour Package Template per tour for addition or removal of tours. In reference to addition or removal of vessels, vehicles or fleet of motorized equipment, official letter is required with list of valid licenses, registration, and passenger liability insurance for fleet along with any rental agreements if it is leased.
5. **Change of insurance information** - Official letter from Entity indicating change and copy of new valid Public liability insurance of the Tour Operator and/or copy of passenger liability for each boat and vehicle insured.
6. **Deregistration** – Official letter with a request for an appointment with a BTB Licensing Officer

Declaration (An Authorization letter is required if a third party submits form)

I / We declare that the above given information is true and correct to the best of my/our knowledge.

Owner/Proprietor: Print Name _____ Signature _____ Date _____

Manager: Print Name _____ Signature _____ Date _____

Business Stamp / Corporate or Company Seal:

OK (✓)	For Official Use Only	Date (dd/mm/yyyy)	Signature	Comments/Actions
	Form Received by BTB			
	* Receipt of License			
	Licensing Officer Check			<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
	Licensing Manager			<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
	Director Business Development			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Database Update			
	Decision Feedback			
	* DP Enforcement Notice			
	* Public Notice			

* Deregistration required steps



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TOUR OPERATOR DETAIL EMPLOYEE TEMPLATE

General Employee Information:

#	First Name	Last Name	Age	Nationality	SS #	Position Name	License # (Driver/ Captain)	Period working
1								
2								
3								
4								
5								
6								
7								
8								

Tour Guide Information:

#	First Name	Last Name	Age	Nationality	SS #	Permanent/ Temporary	License #	License Type	Period working
1									
2									
3									
4									
5									
6									
7									
8									

Tour Guide Dismissals: (List Tour Guides that are no longer employed)

#	First Name	Last Name	Age	Tour Guide License #	Period worked	Reason of Dismissal
1						
2						
3						
4						
5						

I confirm that all the information provided is true and correct.

Printed Name of Owner/Manager: _____ Signature: _____



BELIZE TOURISM BOARD

P.O. BOX 325, 64 Regent Street, Belize City, Belize, C.A.

BTB FORM: TOP02-0518

TOUR OPERATOR TOUR PACKAGE TEMPLATE

* Required Per Tour

Name of Tour		Type of Tour	
Description of Tour (Entire process flow of tour including pick-up, drop-off point and sites visited)			
Required Transport Equipment			
Transportation/Equipment Description (List all equipment needed for tour)	Owned/Rented	Attachments (Yes/No)	# of Sticker Request
Emergency Plan per tour (Procedure to take in the case of an accident or emergency)			
Price (BZD\$)		Tour Duration (HH:MM)	
Minimum PAX for Tour		Maximum PAX for Tour	

I confirm that all the information provided is true and correct.

Printed Name of Owner/Manager: _____ Signature: _____