



BELIZE TOURISM BOARD

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

### TOUR GUIDE APPLICATION FORM (COVID-19: JUN-JUL 2021)

#### 1. GENERAL INFORMATION

Application Type:

A) Full Name:

B) Date of Birth:  C) Gender:

D) Nationality:

E) Social Security Number:

F) Type of Guide :   
(Circle where applicable) **General Guide** | **Site Guide** | **City Guide** | **Other:** \_\_\_\_\_

G) If Site Guide; Specify Site

H) Date Completed National Tour Guide Training Program:

I) Education Level:   
(Circle where applicable) **Primary** | **Secondary** | **Associates** | **Bachelors** | **Other:** \_\_\_\_\_

J) Tour Guide Association:  District:

K) Languages Spoken:

L) If Renewal; Tour Guide ID #:

#### 2. CONTACT INFORMATION

A) Home Address:   
District:

B) Mailing Address:   
P.O. Box:  District:

C) Cell Phone:  Home phone:

D) Email Address:

#### 3. EMPLOYMENT INFORMATION

A) Employer:

B) Employer's Business Address:

C) Employer's Contact Number(s):

D) Area of Operation:

E) Types of Tours Conducted :

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Scuba Diving            | <input type="checkbox"/> Snorkeling       | <input type="checkbox"/> Culture               | <input type="checkbox"/> Aerial         |
| <input type="checkbox"/> Bird watching           | <input type="checkbox"/> Rappelling       | <input type="checkbox"/> Gastronomy            | <input type="checkbox"/> Cave Exploring |
| <input type="checkbox"/> Fishing/ Sports Fishing | <input type="checkbox"/> Nature/ Hiking   | <input type="checkbox"/> River rafting/ Tubing | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Archaeology             | <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Ziplining             |   |

F) Years of Employment:

#### 4. REQUIREMENT CHECKLIST

**Y** - Mandatory

**A** - Mandatory if Applicable

<input checked="" type="checkbox"/>	New	Renew	Tour Guide Requirements
<input type="checkbox"/>	Y	Y	Completed Application Form (signed and dated)
<input type="checkbox"/>	Y	Y	Original valid Police Record
<input type="checkbox"/>	Y	Y	Original Medical Certificate* from a registered Medical Practitioner ( dated within 3 months from date of submission) Template Attached
<input type="checkbox"/>	Y	A	Copy of valid CPR/First-aid certificate/card from a recognized provider (BERT, RED CROSS, PADI and any other verifiable accredited instructor)
<input type="checkbox"/>	A	A	Copy of valid Dive Master or Dive Instructor Card from recognized dive institutions (PADI, NAUI, SSI, TDI, etc.) if the applicant conducts diving and/or diving related activities

#### 5. TERMS & CONDITIONS

ALL LICENSED TOUR GUIDES SHALL:

- Maintain at all times appropriate personal appearance and attire when carrying out tours and related services for guests.
- Continuously promote Belize positively, as a leading destination to all guests.
- Undertake refresher courses or professional development courses organized by BTB to improve and enhance performance in the field.
- Cooperate at all times with the Belize Tourism Board.
- Convey and/or guide all guests with information in the most precise and truthful manner at all times.
- Assist and ensure guests purchasing arts and crafts acquire items of good quality.
- Provide all guests with information in the most precise and truthful manner at all times.
- Report any abuses or infraction of the laws relating to tourism to the Complaints Desk at the Belize Tourism Board (Complaints@belizetourismboard.org).
- Testify, if requested, before any relevant authority of any abuses to any guests under your care.
- Not insult, abuse or harass any guest or industry peers either through word or deed.
- Not induce or encourage any guest to do anything contrary to the laws of Belize.
- Not induce or encourage any guest to do anything which goes against good customs or morals.
- Not carry out or attempt to carry out your functions as a tour guide while under the influence of alcohol or drugs.

14. Not offer for sale or otherwise any illegal drugs or illegal commodities to guests.
15. Not be convicted of any crime by any court of law.
16. Not engage in any activity detrimental to the environmental integrity, archaeological or cultural heritage of Belize.
17. Ensure the safety of guests at all times. This includes ensuring that all safety equipment is available for guests to use at all times and that all safety equipment is regularly checked for operational safety. Tour Guides must at all times abide by speed limits established as well as adhering to no wake zones.
18. Prominently display license on person at all times when conducting tours.
19. Tour Guides shall not solicit tours or conduct tours that have not been legally sold by a licensed Tour Operator.

## 6. DECLARATION

**I declare that all information provided in this application is true, accurate and complete to the best of my knowledge. I have not withheld any information and understand any falsification is illegal and will disqualify my application. I agree to all the terms and conditions outlined:**

- Submitting all of the required documents and information does not automatically guarantee a Tour Guide license.
- All licenses expire on the 31st of July of each year and are to be renewed annually.
- The Tour Guide Committee reserves the right to revoke licenses if the holder breaches any conditions set out in Chapter 275S of the Laws of Belize.
- The BTB must be informed in writing of any changes to the information provided or if the Guide discontinues being a Tour Guide.
- Payment of BZD \$75.00 license fee. A receipt is NOT a license neither can it be used as such.
- A minimum of two weeks processing time, from the date of submission at the BTB, is required

i. Applicant's Name (print):

Insert Full Name

ii: Applicant's Signature: \_\_\_\_\_

iii: Date:

DD / MM / YYYY

**FOR OFFICIAL USE ONLY**

<input checked="" type="checkbox"/> For Official Use Only	Date <small>DD / MM / YYYY</small>	Signature	Comments   Actions
<input type="checkbox"/> Form received by BTB	DD/MM/YYYY	Name	Comments/Actions
<input type="checkbox"/> Licensing Officer Check	DD/MM/YYYY	Name	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
<input type="checkbox"/> Licensing Manager	DD/MM/YYYY	Name	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/> Director of Business Development	DD/MM/YYYY	Name	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Database Update	DD/MM/YYYY	Name	Comments/Actions
<input type="checkbox"/> Committee Review	DD/MM/YYYY	Name	Comments/Actions

License Fee Paid:    BZD \$     Date Paid:     Receipt No.:

License Date:

License #:     Licensed Year:     Control ID #: