

Applicant's Letter of Intent Form

(Check one option below)

| | | |
|--|------------------------------|-----------------------------|
| Is this a minor amendment to an outfitter or DA license? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is this a new application not involving a sale? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is this a major amendment not involving a sale? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is this a major amendment involving a designated agent? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is this a complete sale of the entire business? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is this a major amendment involving a partial sale of an outfitter business? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is this a temporary authorization request? (specify for what) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Date Letter
Submitted by Applicant:**

___/___/___

| | | | |
|------------------------------------|---|--------------------------------------|-----------------------------------|
| APPLICANT OR SELLER | Applicant or Outfitter Initiating Action: | | License # (if applicable) |
| | Contact Name: | Primary Phone # Secondary Phone # | |
| | Mailing Address: | Email Address: | |
| | Signature of DA, Licensed Outfitter or Applicant: | | Date of Signature: ___/___/___ |

| | | | |
|----------------------------------|---------------------|--------------------------------------|-----------------------------------|
| BUYER (IF APPLICABLE) | Name of Buyer: | | License # (if applicable) |
| | Contact Name: | Primary Phone # Secondary Phone # | |
| | Mailing Address: | Email Address: | |
| | Signature of Buyer: | | Date of Signature: ___/___/___ |

| | | | |
|---------------------------------|-----------|--|--------------------------------------|
| Land Manager(s) involved | #1 | Name - Land Management Agency or Land Owner: | |
| | | Contact Name: | Primary Phone # Secondary Phone # |
| | | Mailing Address: | Email Address: |
| | | Public Agency? Yes___ No___ Private Land Owner? Yes___ No___ | |
| | #2 | Name - Land Management Agency or Land Owner: | |
| | | Contact Name: | Primary Phone # Secondary Phone # |
| | | Mailing Address: | Email Address: |
| | | Public Agency? Yes___ No___ Private Land Owner? Yes___ No___ | |

Please explain what is being proposed:

Which Licensed Operating Areas are included in this request? # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____

The aforementioned Licensed Operating Areas are located in IDFG Units? # _____ # _____ # _____ # _____ # _____

Are there Allocated Tags Involved? Yes___ No___ (if so, how many)? #A Tags _____ #B Tags _____

What Lakes, Reservoirs or River Sections are involved, if any? _____, _____, _____, _____, _____

List the activities associated with the business? _____

How many use days are being requested? _____