

Outfitter Overlap Agreement & Land Manager's Statement

- IOGLB Bear/Cougar/Wolf Overlap Policy -

Nez Perce, Clearwater and Bitterroot National Forests

Applicable to only IDFG units 10, 12, 16A, 17, 19, 20 and the northern part of 16.

<i>If hunting units overlap on to more than one Forest (USFS), within the required time frame, an OG- 23 form must be filled out by the outfitter and sent to all forest permit administrators that administers the existing outfitter's permits.</i>	
Existing Outfitter Allowing Overlap	Name of Licensed Outfitter Business: License # Operating Area # _____ # _____
	Contact Name: Primary Phone # Secondary Phone #
	Mailing Address:
	Signature of DA or Licensed Outfitter: Date of Signature: ____/____/____
	<i>Overlaps are not allowed during seasons that coincide with other big game seasons. Existing outfitter allowing the overlap relinquishes area during the overlap period.</i>
Overlapping Outfitter	Name of Licensed Outfitter Business: License #
	Contact Name: Primary Phone # Secondary Phone #
	Mailing Address:
	Signature of DA or Licensed Outfitter:: Date of Signature: ____/____/____
Outfitter Agreement	This agreement is for: Spring Bear <input type="checkbox"/> Cougar & Wolves <input type="checkbox"/> <i>Check one or both</i>
	Explain the Terms of Agreement:
	Estimated number of clients: for Bear? _____, for Cougar? _____, for Wolf? _____
<i>Outfitters must attach a properly completed Outfitters Operating Plan on an OG-7.1 Supplemental – Land form. If overlap area is less than the overall licensed area, an adequate written description of the operating area proposed for the overlap and a boundary map of that area must be attached by outfitters.</i>	
Primary & Secondary Land Managers	Land Management Agency or Land Owner: Public Agency? Yes___ No___ Private Land Owner? Yes___ No___
	Contact Name: Primary Phone # Secondary Phone #
	Title
	Mailing Address:
	Approved <input type="checkbox"/> Signature: Date of Signature: ____/____/____
	Denied <input type="checkbox"/>
	Secondary Land Management Agency: Primary Phone #
Contact Name: Secondary Phone #	
Land Manager Comments	