

Request and Authorization Form One-time Controlled Hunt for Sheep, Goat, Antelope, Moose

Outfitter Requesting Hunt	Name and license number of Outfitter Business:		SPECIES: GMU and Operating Area Requested # _____ # _____		
	Contact Name:		Primary Phone #		
	Mailing Address:		Secondary Phone #		
	Signature of DA or Licensed Outfitter:		E-mail:		
One-time Controlled Hunt Information	Hunter Contact Information		Outfitter Comment		
	Hunting License # Tag/Permit # Controlled Hunt # Hunt Dates <i>NOTE: Attach a copy of IDFG Hunt Regulation Information and map of hunt area as found in hunt regulation with hunt area(s), including other outfitters, being used outlined.</i>				
<input type="checkbox"/> Hunt is outside of overlapped outfitters' area or is otherwise unlicensed, not requiring outfitter agreement					
Overlapping Outfitter	Name of Licensed Outfitter Business:		License #		
	Contact Name:		Primary Phone #		
	Mailing Address:		Secondary Phone #		
	Signature of DA or Licensed Outfitter:		E-mail:		
Date of Signature: _____/_____/_____					
<input type="checkbox"/> Hunt is outside of overlapped outfitters' area or is otherwise unlicensed, not requiring outfitter agreement					
Overlapping Outfitter	Name of Licensed Outfitter Business:		License #		
	Contact Name:		Primary Phone #		
	Mailing Address:		Secondary Phone #		
	Signature of DA or Licensed Outfitter:		E-mail:		
Date of Signature: _____/_____/_____					
Primary & Secondary Land Managers	Primary Land Management Agency:		Public Agency? Yes___ No___		
	Contact Name:		Primary Phone #		
	Title		Secondary Phone #		
	Mailing Address:		E-mail:		
	Approved <input type="checkbox"/>	Signature:		Date of Signature:	
	Denied <input type="checkbox"/>			_____/_____/_____	
	Secondary Land Management Agency:		Primary Phone #		
Contact Name:		Secondary Phone # or E-mail:			

Land Manager
Comments

Credit Card Authorization Printed Name appearing on credit card _____ Signature _____

on Card (Visa or MasterCard only) or use card on file _____ Exp. Date _____ Amount **\$35.00**

OR Check # _____

Director's Authorization

Date