

STATE OF IDAHO
OUTFITTERS AND GUIDES LICENSING BOARD
1365 North Orchard – Room 172 – Boise, Idaho 83706
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licensing@oglb.idaho.gov - www.oglb.idaho.gov

For Board Use Only
Amount paid / date
Remitter
Checking No./ Type

DESIGNATED AGENT LICENSE APPLICATION

For: _____
Name of Corporation/Firm/Partnership/Business Entity

PLEASE TYPE OR PRINT ALL INFORMATION

Resident Statement: I am a [] Resident, [] Non-Resident of the State of Idaho.

- [] I am currently licensed guide. My license number is _____.
[] I intend to guide and have signed the affidavit/certification within this application.
[] I will not be guiding but will hire qualified guides and have enclosed appropriate applications.

A license fee will be required (upon approval of application) before license will be issued.
License Fees: Submit fees in the form of a money order, cashier's check, certified check, or a check from an Idaho Outfitter/DA applicant made payable to the Idaho Outfitters and Guides Licensing Board (IOGLB), OR you may agree to pay your fees using your credit card. You may either use the card you have on file or submit new card information.
All first time applications must be accompanied by a processing fee.
A processing fee will be assessed on all returned checks or unprocessable credit cards.
Current fees can be found at IOGLB's website at www.oglb.idaho.gov
WE CANNOT ACCEPT CASH AT ANY TIME.

Authorization to Use "Credit Card on File" form. This form must be completed and sent before first time use. Amount \$ _____
Outfitter/DA Signature _____ Outfitter/DA Printed Name _____
Outfitter License # _____

Outfitter/DA Credit Card Authorization (Outfitters/DAs who want to use a card that is not on file) Amount \$ _____
Print cardholder name _____ # on Card _____
Cardholder Signature _____ Exp. Date _____
Outfitter/DA Signature _____ Outfitter/DA Printed Name _____
Outfitter License # _____

(A) Personal Data (Please Print)

Legal Name _____ Maiden Name _____ Other Known Name _____
(Last Name, First and Middle)
Permanent Address _____ City/State _____ Zip Code _____
Gender _____ Hair _____ Ht. _____ Wt. _____ Eye Color: _____
Social Security # _____ Green Card # _____ Birth date _____
Phone Number (_____) _____ Drivers License # _____
E-mail: _____ Web address: _____

(B) Guide Activities: If guiding, you may only be licensed to guide activities for which your employing outfitter(s) is licensed. Check appropriate activities below:

HUNTING

- Antelope*
- Deer*
- Elk*
- Goat*
- Sheep*
- Moose*
- Bear*
- Cougar*
- Predators*
- Birds (specify)
 - Forest Grouse
 - Chukar
 - Other:

 - _____

BOATING

- River (attach Form OG-5)
 - Power*
 - Float*
- Lake (specify)

- _____
- Reservoir (specify)

- _____

RECREATION

- Trailrides
- Backpacking
- Snowmobiling*
- Technical Mountaineering/Rock Climbing*
- Level I Skiing*
- Level II Skiing*
- Mountain Bike Touring
- Photography Trips
- Survival Course
- Llama Packing

FISHING (specify)

- Anadromous (Salmon, Steelhead)
- Fly Fishing
- Power Boat Fishing
- Float Boat Fishing
- Walk and Wade Fishing
- Incidental Fishing
 - Other Species _____
 - _____
 - _____

Other (please specify) _____

*** Training forms, or guide license showing apprentice status, will be issued for those activities for which applicant does not have training credentials on file.**

(C) References

1. List five (5) references with complete address and phone #, not related, who have known you for at least five (5) years, three (3) of whom have knowledge of your qualifications to be licensed as an outfitter. Two (2) should be bank or credit references.

- a. _____
- _____
- b. _____
- _____
- c. _____
- _____
- d. _____
- _____
- e. _____
- _____

2. Give names, addresses and phone # of your two (2) most recent employers, and dates of employment with each.

- a. _____
- _____
- b. _____
- _____

(D) Attachments & Signature

I, _____, being first fully sworn on oath, state I have completed the foregoing application and verify the truth of the information provided, that I have obtained and reviewed the current Idaho Outfitters & Guides Act and Board Rules within the last six (6) months. I certify that the documents for this application are true and correct:

(D) Attachments & Signature (cont.)

Pursuant to I.C. 36-2113; I certify that I:

- *HAVE ___ HAVE NEVER ___ **been convicted of or received a withheld judgment for a felony or misdemeanor in any state
- *HAVE ___ HAVE NEVER ___ **paid two (2) or more forfeitures of any deposits of money or collateral with a court or administrative agency for a conviction for violation of regulations of the United States Forest Service or the Bureau of Land Management;
- *HAVE ___ HAVE NEVER ___ **been convicted of any violation, forfeited bail or collateral deposited to secure appearance, or paid any funds to a court with respect to a citation of the State of Idaho or any state or federal fish and game laws or outfitting and guiding laws of ANY state;
- *HAVE ___ HAVE NEVER ___ **been found to have committed a violation of the Idaho Outfitters and Guides Act or Board Rules, or been denied an outfitter or guide license in any state.

If you marked **HAVE** on any of the above, **you must attach an explanation** (court disposition and police report for felonies), including the year and location.

A **conviction includes any forfeiture of bail, fine, bond or collateral, suspended sentence, probation or withheld judgment.

When a violation is reviewed by IOGLB Enforcement a special processing fee may be assessed.

Before guiding I will have a valid First Aid Card, comply with all OGLB training requirements and carry my guide license on or about my person while guiding.

NOTICE:

Pursuant to Idaho Code 36-2113(a)(1), every applicant/licensee shall be subject to denial, suspension, revocation, probation, or other restriction and subject to prosecution as a misdemeanor for supplying false information; for failure to provide information required to be furnished by the license application form or for other fraud or deception in procuring a license.

Signature of Designated Agent Applicant: _____ Date: _____

NOTARY (Required for all designated agent applications)

State of _____

County of _____ ss:

On this _____ day of _____, 20 ____, before me, the undersigned, a Notary Public in and for said state personally appeared _____, known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he/she executed the same.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal.

[SEAL]

Notary Public for the State of _____

Residing at _____

My commission expires _____

I wish to employ this applicant as a Designated Agent and certify that the violation questions have been verified and are complete.

Signature of Employing Outfitter Print Name Here Outfitter's License Number Date

DID YOU REMEMBER TO:

- Certify training credentials and/or log of experience? (If guiding)
- Sign and have your employing outfitter(s) sign this application?
- Enclose your license fee?
- Complete all appropriate sections of application?