

Outfitter Overlap Agreement & Land Manager's Statement

IOGLB Bear/Cougar/Wolf Overlap Policy

Nez Perce, Clearwater and Bitterroot National Forests

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

If hunting units overlap onto 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 who administer the existing outfitter's permits.		
Existing Outfitter Allowing Overlap	Name of Licensed Outfitter Business:	License #
	Contact Name:	Operating Area # _____ # _____
	Mailing Address:	Primary Phone #
	Signature of DA or Licensed Outfitter:	Secondary Phone #
	<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 #
	Mailing Address:	Secondary Phone #
	Signature of DA or Licensed Outfitter:	Date of Signature: _____/_____/_____
	\$100.00 - Call IOGLB with credit card (Access Idaho assesses a processing fee for credit cards) or provide a check	
Outfitter Agreement	This agreement is for: Spring Bear/Wolf <input type="checkbox"/> Cougar/Wolf <input type="checkbox"/> Check one or both 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__
	Contact Name:	Private Land Owner? Yes__ No__
	Title	Primary Phone #
	Mailing Address:	Secondary Phone #
	Approved <input type="checkbox"/> Signature: _____ Denied <input type="checkbox"/>	Date of Signature: _____/_____/_____
	Secondary Land Management Agency:	Primary Phone #
	Contact Name:	Secondary Phone #
Land Manager Comments		
_____ Executive Officer's Authorization		
_____ Date		