DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES

State of Idaho Division of Occupational and Professional Licenses Outfitters and Guides Licensing Board

BRAD LITTLE Governor RUSSELL BARRON Administrator

11341 W Chinden Blvd. P.O. Box 83720 Boise, ID 83720-0063 (208) 334-3233 dopl.idaho.gov

LAND MANAGER'S STATEMENT

Is this a minor amendment to an outfitter or DA license?	Yes () No ()
Is this a new application not involving a sale?	Yes () No ()
Is this a major amendment not involving a sale?	Yes () No ()
Is this a major amendment involving a designated agent?	Yes () No ()
Is this a complete sale of the entire business?	Yes () No ()
Is this a new application involving a sale?	Yes () No ()
Is this a major amendment involving a sale?	Yes () No ()
Date of Statement:/	
1. Name of Outfitter or Applicant Initiating Action	T
Name of Outlitter or Applicant Initiating Action	License #
2. Full Name	
3. Mailing Address Street/PO Box City State	7:
	e Zip
4. E-mail	
5. Business Phone () Other Pho	one ()
(This number is a public record.)	(DOPL use only.)
Land Manger's Intent	
	al III a Danna i 4/Connai al Danna di an
The undersigned has received a preliminary proposal for a Speci- Permit. The issuance of a permit for the actions requested will be continitiate the State License Process.	*
The undersigned has received a preliminary proposal for a Speci	al Use Permit/Special Recreation
Permit. Further research and/or analysis is needed. Recommendation	
will be submitted to IOGLB by (date). This does not initia	
The undersigned has reviewed the proposal and/or completed the	
Special Use Permit/Special Recreation Permit upon licensure by IO	GLB. This initiates the State License
Process.	required analysis for a Special Haa
The undersigned has reviewed the proposal and/or completed the Permit/Special Recreation Permit. The issuance of a permit for the	
considered and will NOT be issued. (Attach Decision Documentation	
The undersigned has reviewed the proposal and recognizes that i	
or Special Recreation Permit but offers the following information	

PRIMARY LAND MANAGER

	Full Name				
3.	Mailing Adress Street/PO Box				
	Street/PO Box	City	State	Zip	
4.	E-mail				
5.	Business Phone ()(This number is a public reco	Other Pho	ie ()_	sa only)	
6.	Public Agency? Yes () No ()	Private La	ndowner?	Yes () No ()	
 Sig	gnature of Land Manager		Date		
	This is a multi-office proposal. I have co	oordinated with th	e other affe	cted Land Manager(s) listed
oei	ow. SECONI	DARY LAND MA	ANAGER		
1.	Name – Land Management Agency of	r Landowner			
2.	Full Name				
3.	Mailing Adress Street/PO Box				
	Street/PO Box	City		State Zip	
4.	E-mail				
			ione ()	
	Business Phone (none () DOPL use only.)	_
	Business Phone ()		none () DOPL use only.)	_
5.	Business Phone ()		one (OOPL use only.)	_
5. Sig	Business Phone (OOPL use only.)	_
5. Sig	Business Phone () (This number is a public record.)			OOPL use only.)	_
5. Sig	Business Phone (Other Pl	Date this transaction	n.	
5. Sig	Business Phone (Other Pl	Date this transaction	n.	
5. Sig	Business Phone (greement intended for d area description(s) a permit.	Date this transaction maps prov	n. ded or provide an updated	d area
Sig	Business Phone (greement intended for d area description(s) a permit.	Date this transaction maps prov	n. ded or provide an updated	d area
Sig	This number is a public record.) (This number is a public record.)	greement intended for d area description(s) a permit.	Date this transaction maps prov	n. ded or provide an updated	d area

For questions, please email the Board at OGLB-Licensing@dopl.idaho.gov.