



# State of Idaho

## Division of Occupational and Professional Licenses Outfitters and Guides Licensing Board

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

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

### Request and Authorization Form - \$35 One-time Controlled Hunt for Sheep, Goat, Antelope, Moose

#### *Outfitter Requesting Hunt*

Name of Outfitter Business: \_\_\_\_\_ License # \_\_\_\_\_

SPECIES: GMU and Operating Area Requested # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of DA or Licensed Outfitter

\_\_\_\_\_  
Date

#### *One-time Controlled Hunt Information*

Hunter Contact Information: \_\_\_\_\_

Hunting License # \_\_\_\_\_ Tag/Permit # \_\_\_\_\_ Controlled Hunt # \_\_\_\_\_ Hunt Dates \_\_\_\_\_

**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.**

#### **Outfitter Comment:**

☐ *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 # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of DA or Licensed Outfitter

\_\_\_\_\_  
Date

☐ 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 # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of DA or Licensed Outfitter Date

***Primary Land Manager***

Land Management Agency: \_\_\_\_\_ Public Agency? Yes ( ) No ( )

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Approved ( ) Denied ( ) \_\_\_\_\_  
Signature Date

**Land Manager Comments:**

***Secondary Land Manager***

Land Management Agency: \_\_\_\_\_ Public Agency? Yes ( ) No ( )

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Approved ( ) Denied ( ) \_\_\_\_\_  
Signature Date

**Land Manager Comments:**

\_\_\_\_\_  
Executive Officer's Authorization Date

For questions, please email the Board at [OGLB-Licensing@dopl.idaho.gov](mailto:OGLB-Licensing@dopl.idaho.gov).