



BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

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

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

Request and Authorization Form
One-Time Hazardous Excursion Outside Outfitter's Operating Area

Outfitter Requesting Hazardous Excursion

Name of Outfitter Business: _____ License # _____

Operating Area Requested # _____ # _____ # _____ # _____

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 -Required

Name of Licensed Outfitter Business: _____ License # _____

Contact Name: _____ Primary Phone # _____ Secondary Phone # _____

Mailing Address: _____ Email: _____

Signature of DA or Licensed Outfitter

Date

Hazardous Excursion-Information

Activity Requested and Proposed Operating Plan (Attach on a separate page and provide responses to the following questions):

- *Explain the activity you are wanting to provide.*
- *List the number of licensed guides and unlicensed personnel that you intend to use in the provision of services to your clients in this area.*
- *Explain the number and planned use of equipment that will be used to provide services to your clients in this area.*
- *Explain your plan to ensure safety and provide emergency medical care for clients in this operating area. Specifically describe first aid kits and related first aid equipment that will be available, communication systems and your emergency evacuation plan*

Activity Dates: _____ **Number of Participants:** _____

Area Description – Attach area and location maps (BLM or Forest Service)

Primary & Secondary Land Managers

Land Management Agency or Land Owner: _____

Public Agency? Yes () No ()

Private Land Owner? 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.