



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

**OUTFITTER LICENSE APPLICATION**  
**For a Corporation, Firm, Partnership, or other Business Entity**

- 1. Business Name:** \_\_\_\_\_
- 2. Assumed Business Name (dba) (if applicable)** \_\_\_\_\_
- 3. Web address** \_\_\_\_\_ **Email** \_\_\_\_\_
- 4. Mailing Address** \_\_\_\_\_  
Street/PO Box City State Zip
- 5. Physical Address** \_\_\_\_\_  
Street/PO Box City State Zip
- 6. Employer Identification Number (EIN)** \_\_\_\_\_
- 7. Business Phone** (\_\_\_\_\_) \_\_\_\_\_ **Other Phone** (\_\_\_\_\_) \_\_\_\_\_  
(This number is public record.) (DOPL use only)

**Owner #1**

- 1. Legal Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
First Middle Last
- 2. Mailing Address** \_\_\_\_\_  
Street/PO Box City State Zip
- 3. Physical Address** \_\_\_\_\_  
Street/PO Box City State Zip
- 4. Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Proof of identification—a clear and readable color copy of a government-issued photo ID such as driver's license must be attached.)
- 5. Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-mail** \_\_\_\_\_  
(This is not a public record; required by I.C. § 73-122.)
- 6. Business Phone** (\_\_\_\_\_) \_\_\_\_\_ **Other Phone** (\_\_\_\_\_) \_\_\_\_\_  
(This number is public record.) (DOPL use only)
- 7. Have you been convicted of or received a withheld judgment for a felony in any state?**  
Yes ( ) No ( )
- 8. Have you paid two (2) or more forfeitures of any deposits of money or collateral with a court or administrative agency or for a conviction for violation of regulations of the United States Forest Service or the Bureau of Land Management?**  
Yes ( ) No ( )



If you marked **YES** on any of the above, **you must attach an explanation, along with a copy of the court disposition and police report**, including the year and location. A **conviction** includes a finding of guilt, an entry of a guilty plea by a defendant and its acceptance by the court, or a forfeiture of bail bond or collateral deposited to secure a defendant's appearance, suspended sentence, probation or withheld judgment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**A Designated Agent is Required.** A Designated Agent is defined as an individual of an outfitter business who meets all qualifications of an Outfitter and who is responsible and accountable for the conduct of the licensed Outfitter's operations. More than one designated agent may be employed at a time.

**The person(s) whose name(s) are listed below will be this Outfitter's Designated Agent(s):**

**Legal Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

Is the Designated Agent applicant qualified to guide all activities requested? YES ( ) NO ( )

**Legal Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

Is the Designated Agent applicant qualified to guide all activities requested? YES ( ) NO ( )

**AFFIDAVIT**

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct; (2) I am the applicant named in and who has signed this application; (3) I have reviewed and fully understand Idaho Code Title 36 Chapter 21, commonly known as the Outfitters and Guides Practice Act, as well as IDAPA 24.35.01, commonly known as the Rules of the Outfitters and Guides Licensing Board; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (5) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (6) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (7) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (8) I attest that I am financially solvent as defined in Idaho Code§36-2109(c).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission  
Expires \_\_\_\_\_

**All items below must be included to submit a complete application:**

- Operating Plan
- Public Land Manager’s Statement, if applicable
- Private Land Manager’s Statement, if applicable
- Copy of lease agreement, if applicable
- Copy of certificate for business entity filed with the Secretary of State of Idaho, if applicable
- Copy of certificate for assumed business name (dba) filed with the Secretary of State of Idaho, if applicable
- Copy of executed Sales Agreement including a list of assets being transferred and release of interest from the seller, if applicable