

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

BRAD LITTLE 11341 Governor P.O. I RUSSELL BARRON Boise Administrator (208)

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

OUTFITTERS' AMENDMENT REQUEST PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

Is this a minor amendment involving a DA?	Yes () No ()
Is this a major amendment not involving a sale?	Yes () No ()
Is this a complete sale of the entire business?	Yes () No ()
Is this a major amendment involving a partial sale of an outfitter business?	Yes () No ()

Applicant or Seller

Applicant or Outfitter Initiating Action:		License #		
Contact Name:				
Mailing Address:				
Primary Phone #	Other Phone #	Email		
Signature of DA, L	icensed Outfitter, or Applicant	Date		
	Buyer or Overlapped Outfitter (I	F APPLICABL	E)	
Applicant or Outfitter Initiating Action:			License #	
Contact Name:				
Mailing Address:				
Primary Phone #	Other Phone #	Email		
Signature of DA, L	icensed Outfitter, or Applicant	Date		
If a minor amendment involving a DA check one of the following; Must include DA application with Amendment		Adding ()	Removing ()	Replacing ()
Which Licensed Operating	Areas are included in this request? #	##	##	_#
Are there allocated tags inv If yes, what hunts? Controll	olved? Yes () No () ed Hunts(s) #,,	,	,	

Elk Zone(s) Specify if A or B tags _____, ____,

Deer Unit(s) Specify if regular deer (R) or white-tailed (WT) only hunts_____,___,

If a partial sale, specify the number of tags that will go to the buyer for each hunt listed above. _____, _____, _____, _____, _____, _____, _____, ______, _____, _____, ______, _____, ______, ______, _______, _____, _______, ______,

Please explain what is being proposed. <u>If this is to add a new area</u>, you will also need to include an Operating Plan form along with the Land Managers' Statement form for the proposed area.

(Print Outfitter's Name)

(Date)

(Outfitters Signature)

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

Operating Plan (not required for DA changes)

DA Application for Minor Amendments involving DA changes or additions

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

LAND MANAGER(S) INVOLVED (IF APPLICABLE)

#1 Name - Land Management	Agency or Land Owner:			
Contact Name:	Title:			
Mailing Address:				
Primary Phone #	Other Phone #Email			
Public Agency? Yes () No () Private Land Owner? Yes () No ()			
#2 Name - Land Management	Agency or Land Owner:			
Contact Name:	Title:			
Mailing Address:				
Primary Phone #	Other Phone #Email			
Public Agency? Yes () No () Private Land Owner? Yes () No ()			
REGIONAL FISH AND GAME SUPERVISOR (IF APPLICABLE)				
Name – Regional Office:				
Contact Name:				
Mailing Address:				
	Other Phone #Email			

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