



# 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

### Applicant's Letter of Intent Form

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 major amendment involving a partial sale of an outfitter business? Yes ( ) No ( )  
Is this a temporary authorization request? (specify for what) \_\_\_\_\_ Yes ( ) No ( )

#### APPLICANT OR SELLER

Applicant or Outfitter Initiating Action: \_\_\_\_\_ License # \_\_\_\_\_  
(If applicable)

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

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

Primary Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_ Email \_\_\_\_\_

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

\_\_\_\_\_  
Date

#### BUYER (IF APPLICABLE)

Name of Buyer: \_\_\_\_\_ License # \_\_\_\_\_  
(If applicable)

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

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

Primary Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature of Buyer

\_\_\_\_\_  
Date

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

**LAND MANAGER(S) INVOLVED**

#1 Name - Land Management Agency or Land Owner: \_\_\_\_\_

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

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: \_\_\_\_\_

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: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_ Email \_\_\_\_\_

Please explain what is being proposed:

Which Licensed Operating Areas are included in this request? # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

The Licensed Operating Areas listed above are in IDFG Units: # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

Are there Allocated Tags Involved? Yes ( ) No ( ) (if so, how many)? #A Tags \_\_\_\_\_ #B Tags \_\_\_\_\_

What Lakes, Reservoirs or River Sections are involved, if any? \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

List the activities associated with the business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_