



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

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

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RELINQUISHMENT OF OPERATING AREA

I hereby relinquish all rights and interests I have in the following operating area:

Signature

Date

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature

My Commission Expires _____