



State of Idaho
Division of Occupational and Professional
Licenses

Outfitter and Guides Licensing Board

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dopl.idaho.gov

BRAD LITTLE
Governor

RUSSELL BARRON
Administrator

CERTIFIED EQUESTRIAN GUIDE TRAINING FORM

As a licensed outfitter, I wish to certify _____ as a guide for
the following activities involving the use of horse riding. (Please Print)

(Please select all that apply)

- Trail Rides
 Animal Pack Trips Other: _____
 Wagon/Sleigh Ride

- 1) The applicant has at least ten (10) days of experience in the operating area, pertaining to the selected activities, AND is knowledgeable of horsemanship and the area's drainages, rideable terrain, and unique avalanche or other hazards.

I hereby certify that the applicant listed above has completed the training specified and is qualified to work as a guide per Board rule IDAPA 24.35.01.103.02.h.(i)

_____	_____
Outfitter Name (Please Print)	License #
_____	_____
Signature of Outfitter	Date
_____	_____
Signature of Guide	Date