



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

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Administrator (208) 334-3233  
dopl.idaho.gov

### Outfitter/DA Request and Authorization Form

Specify what this request is for and include the appropriate fee:

- One-time Controlled Hunt for Moose, Sheep, Goat, Antelope - **\$35**
- Hot Pursuit Agreement - **\$35**
- Overlap Predator Area Agreement for Black Bear, Mountain Lion, Wolf - **\$100**
- One-Time Hazardous Excursion Outside Operating Area - **\$100**

Name of Licensed Outfitter Business: \_\_\_\_\_ License # \_\_\_\_\_

GMU # \_\_\_\_\_ # \_\_\_\_\_ or Operating Area # \_\_\_\_\_ # \_\_\_\_\_ Species (if controlled hunt): \_\_\_\_\_

Outfitter/DA Name: \_\_\_\_\_ Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

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

\_\_\_\_\_  
Signature of DA or Licensed Outfitter Date

**One-time Controlled Hunt Information Requirements**

Hunter Name: \_\_\_\_\_ Hunting License# \_\_\_\_\_

Tag# \_\_\_\_\_ Controlled Hunt# \_\_\_\_\_ Hunt Dates: \_\_\_\_\_

**Note: Attach a copy of IDFG Hunt Regulation Information and map of the hunt area as found in hunt regulation. Outline on the map the entire hunt area(s) and include the boundary lines of overlapping sheep/goat/moose outfitter operating areas (if any are requested).**

**Hazardous Excursion-Information Requirements**

Activity Requested: \_\_\_\_\_  
• Must complete and attach an Outfitters' Operating Plan  
• Provide a written area description and attach a location map provided by BLM, Forest Service, or State Lands Dept.

Activity Dates: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

**Overlap Information Requirements**

This agreement is for: Spring Bear/Wolf  Cougar/Wolf  Check one or both  
Estimated number of clients: for Bear? \_\_\_\_\_, for Cougar? \_\_\_\_\_, for Wolf? \_\_\_\_\_

- Must complete and attach an Outfitters' Operating Plan.
- If the overlap area is less than the overall licensed area, an adequate written description of the operating area proposed for the overlap and a boundary map of that area must be attached by the outfitters.

Outfitter/DA Comment:

Request is outside of overlapped outfitters' area or is otherwise unlicensed, not requiring outfitter agreement.

**Overlapping Outfitter #1**

Name of Licensed Outfitter Business: \_\_\_\_\_ License # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

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

\_\_\_\_\_  
Signature of DA or Licensed Outfitter Date

Request is outside of overlapped outfitters' area or is otherwise unlicensed, not requiring outfitter agreement.

**Overlapping Outfitter #2**

Name of Licensed Outfitter Business: \_\_\_\_\_ License # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

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

\_\_\_\_\_  
Signature of DA or Licensed Outfitter Date

**Primary Land Manager**

Land Management Agency: \_\_\_\_\_ Public Agency? Yes ( ) No ( )

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

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_ Email: \_\_\_\_\_

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

Approved ( ) Denied ( ) \_\_\_\_\_  
Authorizing Officer Signature Date

**Secondary Land Manager**

Land Management Agency: \_\_\_\_\_ Public Agency? Yes ( ) No ( )

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

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_ Email: \_\_\_\_\_

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

