

## **New Open Opportunity Application Process**

As of July 1, 2025, the Board will be accepting applications for the (LS1) Little Salmon River through July 31, 2025.

(LS1) Little Salmon River - From Highway 95 bridge at Hazard Creek to confluence of the Main Salmon River. Annually, prior to May 15, portage of the amphitheater rapid on river right is required when anglers are present in the hole below the rapid. Closed for operating below the mouth of the Rapid River in May through July. No Fishing.

There are two openings for Float Boating. All applicants will be required to complete a new application. Applications must include the following completed forms:

- Outfitter Application (Sole Prop. or Business Entity)
  - For those who are currently licensed, this will be treated as an amendment
  - **All applicants must disclose any violations on the application from the past 5 years, even if it was already reported.**
- [Outfitter Operating Plan](#)
- [Land Managers' Statement](#) or [Private Landowner Statement](#)
- Public Liability Insurance (disregard if currently licensed)
- Performance Bond (disregard if currently licensed)

Incomplete applications will not be reviewed by the Board. Complete applications must be submitted by July 31 via email to [OGLB-Licensing@dopl.idaho.gov](mailto:OGLB-Licensing@dopl.idaho.gov) or via mail to the address below to be eligible.

DOPL

Attention to OGLB

P.O. Box 83720

Boise, ID 83720-0063

The Board tentatively plans to hold an interim meeting in August to review applications. Applicants will be notified after review. Application and license fees will only be assessed to the successful applicants.



**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

# State of Idaho

## Division of Occupational and Professional Licenses

### Outfitters and Guides Licensing Board

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

### OUTFITTER LICENSE APPLICATION

#### For a Sole Proprietor

- ☐ I intend to guide and have signed the affidavit/certification within this application.  
☐ I will not be guiding but will hire qualified guides.

1. **Legal Name** \_\_\_\_\_  
First Middle Last

2. **Assumed Business Name (dba) (if applicable)** \_\_\_\_\_

3. **Web address** \_\_\_\_\_

4. **Mailing Address** \_\_\_\_\_  
Street/PO Box City State Zip

5. **Physical Address** \_\_\_\_\_  
Street/PO Box City State Zip

6. **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Proof of identification—a clear and readable color copy of a government-issued photo ID such as a driver's license must be attached.)

7. **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-mail** \_\_\_\_\_  
(This is not a public record; required by I.C. § 73-122.)

8. **Business Phone** (\_\_\_\_) \_\_\_\_\_ **Other Phone** (\_\_\_\_) \_\_\_\_\_  
(This number is public record.) (DOPL use only.)

9. **Have you been convicted of or received a withheld judgment for a felony in any state?**  
Yes ( ) No ( )

10. **Have you paid two (2) or more forfeitures of any deposits of money or collateral with a court or administrative agency or for a conviction for violation of regulations of the United States Forest Service or the Bureau of Land Management?**  
Yes ( ) No ( )

11. **Have you been convicted of any state or federal fish and game laws or outfitting and guiding laws of ANY state?**  
Yes ( ) No ( )

12. **Have you been found to have committed a violation of the Idaho Outfitters and Guides Act or Board rules?**  
Yes ( ) No ( )

If you marked YES on any of the above, **you must attach an explanation, along with a copy of the court disposition and police report**, including the year and location. A **conviction** includes a finding of guilt, an entry of a guilty plea by a defendant and its acceptance by the court, or a forfeiture of bail bond or collateral deposited to secure a defendant's appearance, suspended sentence, probation or withheld judgment.

A Disclosure Statement Regarding Criminal Conviction must be completed for a conviction and can be found on the Board Website.

## AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct; (2) I am the applicant named in and who has signed this application; (3) I have reviewed and fully understand Idaho Code Title 36, Chapter 21, commonly known as the Outfitters and Guides Practice Act, as well as IDAPA 24.35.01, commonly known as the Rules of the Outfitters and Guides Licensing Board; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (5) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (6) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (7) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (8) I attest that I am financially solvent as defined in Idaho Code§36-2109(c).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public Official Signature

My Commission

Expires \_\_\_\_\_

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

- ☐ Operating Plan
- ☐ 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



# 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

### OUTFITTER LICENSE APPLICATION

#### For a Corporation, Firm, Partnership, or other Business Entity

1. **Business Name:** \_\_\_\_\_
2. **Assumed Business Name (dba) (if applicable)** \_\_\_\_\_
3. **Web address** \_\_\_\_\_ **Email** \_\_\_\_\_
4. **Mailing Address** \_\_\_\_\_  
Street/PO Box City State Zip
5. **Physical Address** \_\_\_\_\_  
Street/PO Box City State Zip
6. **Employer Identification Number (EIN)** \_\_\_\_\_
7. **Business Phone** (\_\_\_\_\_) \_\_\_\_\_ **Other Phone** (\_\_\_\_\_) \_\_\_\_\_  
(This number is public record.) (DOPL use only)

#### Owner #1

1. **Legal Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
First Middle Last
2. **Mailing Address** \_\_\_\_\_  
Street/PO Box City State Zip
3. **Physical Address** \_\_\_\_\_  
Street/PO Box City State Zip
4. **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Proof of identification—a clear and readable color copy of a government-issued photo ID such as driver's license must be attached.)
5. **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-mail** \_\_\_\_\_  
(This is not a public record; required by I.C. § 73-122.)
6. **Business Phone** (\_\_\_\_\_) \_\_\_\_\_ **Other Phone** (\_\_\_\_\_) \_\_\_\_\_  
(This number is public record.) (DOPL use only)
7. **Have you been convicted of or received a withheld judgment for a felony in any state?**  
Yes ( ) No ( )
8. **Have you paid two (2) or more forfeitures of any deposits of money or collateral with a court or administrative agency or for a conviction for violation of regulations of the United States Forest Service or the Bureau of Land Management?**  
Yes ( ) No ( )

9. Have you been convicted of any state or federal fish and game laws or outfitting and guiding laws of ANY state? Yes ( ) No ( )

10. Have you been found to have committed a violation of the Idaho Outfitters and Guides Act or Board rules? Yes ( ) No ( )

If you marked YES on any of the above, you must attach an explanation, along with a copy of the court disposition and police report, including the year and location. A conviction includes a finding of guilt, an entry of a guilty plea by a defendant and its acceptance by the court, or a forfeiture of bail bond or collateral deposited to secure a defendant's appearance, suspended sentence, probation or withheld judgment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Owner#2**

1. Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_  
First Middle Last

2. Mailing Address \_\_\_\_\_  
Street/PO Box City State Zip

3. Physical Address \_\_\_\_\_  
Street/PO Box City State Zip

4. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Proof of identification—a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license must be attached.)

5. Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_  
(This is not a public record; required by I.C. § 73-122.)

6. Business Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_  
(This number is a public record.) (DOPL use only)

7. Have you been convicted of or received a withheld judgment for a felony in any state? Yes ( ) No ( )

8. Have you paid two (2) or more forfeitures of any deposits of money or collateral with a court or administrative agency or for a conviction for violation of regulations of the United States Forest Service or the Bureau of Land Management? Yes ( ) No ( )

9. Have you been convicted of any state or federal fish and game laws or outfitting and guiding laws of ANY state? Yes ( ) No ( )

10. Have you been found to have committed a violation of the Idaho Outfitters and Guides Act or Board rules? Yes ( ) No ( )

If you marked **YES** on any of the above, **you must attach an explanation, along with a copy of the court disposition and police report**, including the year and location. A **conviction** includes a finding of guilt, an entry of a guilty plea by a defendant and its acceptance by the court, or a forfeiture of bail bond or collateral deposited to secure a defendant's appearance, suspended sentence, probation or withheld judgment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**A Designated Agent is Required.** A Designated Agent is defined as an individual of an outfitter business who meets all qualifications of an Outfitter and who is responsible and accountable for the conduct of the licensed Outfitter's operations. More than one designated agent may be employed at a time.

**The person(s) whose name(s) are listed below will be this Outfitter's Designated Agent(s):**

**Legal Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Is the Designated Agent applicant qualified to guide all activities requested? YES ( ☐ ) NO ( ☐ )

**Legal Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Is the Designated Agent applicant qualified to guide all activities requested? YES ( ☐ ) NO ( ☐ )

## AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct; (2) I am the applicant named in and who has signed this application; (3) I have reviewed and fully understand Idaho Code Title 36 Chapter 21, commonly known as the Outfitters and Guides Practice Act, as well as IDAPA 24.35.01, commonly known as the Rules of the Outfitters and Guides Licensing Board; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (5) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (6) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (7) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (8) I attest that I am financially solvent as defined in Idaho Code§36-2109(c).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission

Expires \_\_\_\_\_

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

- ☐ Operating Plan
- ☐ 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

## Evaluation Instructions for Open Opportunities

Outfitter applications in response to a new open opportunity will be provided and reviewed by the Board during a scheduled meeting.

The board will review the same application and discuss each application and its relation to the individual requirements listed on the Scoring Table.

Point Range	Scoring
0	Does not meet the requirement
1	Meets the requirement

Scoring Table

Requirements	Score
<b>Operating Plan</b>	-
1. Written Area Description	
2. Location Map	
3. Land Manager or Private Landowner Statement	
4. Activity/Client Accommodation & Expectations	
5. Risk Management/Emergency Services	
<b>Operating Plan total score out of 5 possible:</b>	/5
<b>Knowledge &amp; Experience</b>	-
1. 1 Year or more performing similar activities	
2. 3 years of experience performing similar activities	
3. 1 Year or more experience in the proposed area	
4. 3 years of experience in the proposed area	
<b>Knowledge &amp; Experience total score out of 4 possible:</b>	/4
<b>Public Liability Insurance</b>	
<b>Performance Bond</b>	
<b>Violations/Criminal History (-1 per applicable violation)</b>	
<b>Total Score out of 11 possible:</b>	/11

After board members have evaluated and scored each requirement for each application, a total score will be established for each application and ranked from highest to lowest. The applicant with the highest score will be deemed the successful applicant.

If there are multiple opportunities, the first successful applicant will be determined by the application with the highest score, followed by the applicant with the next highest score, and repeated until all opportunities are fulfilled.

In the event of a tie between those with the highest scores, a random drawing will be held to determine the successful applicant(s) when there are more applicants than there are opportunities.

The successful applicant(s) will be notified that they must complete all final licensing or permit requirements.



# Requirements Evaluation Sheet

## Operating Plan Category

### 1. Written Area Description(s)

A worded area description must be included for each operating area included in the application. The worded area description will outline using natural boundaries (i.e., rivers, creeks, ridges) from a starting point and continuing back to the point of beginning, including the Section, Township, and Range of the beginning point of said area(s).

---

### 2. Location Map(s)

A map is provided to show where the operating areas involved in a transaction are specifically located in the State of Idaho. Acceptable maps include state highway maps or maps provided by the USFS, BLM, and Idaho Department of Lands, that are of sufficient scale and detail to show where the area(s) are located.

---

### 3. Land Manager Statement / Private Landowner Agreement

- Requirement: The operating plan must be accompanied by a signed Land Manager Statement or Private Landowner Agreement, **OR** a signed statement from the Land Manager or Private Landowner signifying they will permit the individual if approved for licensure.
  - Evaluation Criteria:
    - Meets the requirement: A signed Land Manager Statement or Private Landowner Agreement is included with the operating plan.
    - Does not meet the requirement: The signed statement or agreement is missing.
- 

### 4. Operating Plan Content

- Requirement: The operating plan must answer key operational questions.
- Evaluation Criteria:
  - Meets the requirement: Each of the following questions is answered with sufficient detail:
    - How many clients will be accommodated for each activity?
    - How will the area be accessed and from where?
    - When will operations occur (season, time of year)?
    - Where will camps be located, if needed?
    - What equipment will be used for each activity, including what clients need to bring vs. what is provided?
    - How many vehicles will be used for each activity and description of vehicle types (boats, ATV, snow machines, etc.)?

- How will any animals be handled and cared for?
  - Does not meet the requirement: Any question listed above is unanswered, incomplete, or lacks necessary detail.
- 

## **5. Risk Assessment and Emergency Services Plan**

- Requirement: The operating plan must include a risk assessment and emergency services plan.
  - Evaluation Criteria:
    - Meets the requirement: The risk assessment and emergency services plan answers each of the following questions:
      - How will risks for activities be managed/reduced?
      - What first aid kits will be available, and where will they be located?
      - What other safety-related equipment will be available?
      - What communication systems and devices will be available for emergencies?
      - What is the emergency evacuation plan, including hospital locations and response times?
    - Does not meet the requirement: Any question listed above is unanswered or lacks sufficient detail.
- 

## **Knowledge and Experience Category**

### **1. Experience Performing Activities**

- Requirement: Does the applicant have at least 1 year of experience performing the activities indicated in the Operating Plan?
  - Evaluation Criteria:
    - Meets the requirement: The applicant has documented experience of at least one year performing the activities listed in the Operating Plan.
    - Does not meet the requirement: The applicant has less than one year of experience or lacks documentation to verify the experience.
- 

### **2. Experience in the Operating Area**

- Requirement: Does the applicant have at least 1 year of experience in the operating area or a similar area?
- Evaluation Criteria:
  - Meets the requirement: The applicant has at least one year of documented experience in the specified operating area or a similar environment.

- Does not meet the requirement: The applicant has less than one year of experience or no relevant experience in the operating area or a similar one.

---

## **Public Liability Insurance**

Meets the requirement: The applicant has supplied proof of Public Liability Insurance in the business name.

Does not meet the requirement: The applicant did not supply proof of Public Liability Insurance in the business name.

---

## **Performance Bond**

Meets the requirement: The applicant has supplied proof of a Performance Bond in the business name.

Does not meet the requirement: The applicant did not supply proof of a Performance Bond in the business name.

---

## **Violations/Criminal History Category**

If the applicant has any violations or criminal history that: (a) the nature of the crime directly relates to the licensure being sought, (b) the crime relates to the ability, capacity, and fitness required to perform the duties of this occupation. Then, points may be deducted from the evaluation per applicable violation. The board should only consider violations within the last five (5) years.