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

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

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P.O. Box 83720
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(208) 334-3233
dopl.idaho.gov

Outfitter/DA Request and Authorization Form

Specify the type of request:

☐One-time Controlled Hunt for Moose, Sheep, Goat, Antelope
☐Overlap Predator Area Agreement for Black Bear, Mountain Lion, Wolf
☐One-Time Hazardous Excursion Outside Operating Area

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:_____

Approved ◯ Denied ◯ _____ _____

Authorizing Officer Signature Date

* Agency approval indicates the Land Manager's intent to amend or issue a Special Use Permit (SUP) or Special Recreation Permit (SRP) for this activity.

Land Manager's Comment:
(Example: Presence of safety hazards, such as washouts, controlled burns, logging traffic, or identify fire/winter road closures)

_____ _____

Executive Officer's Authorization Date

For questions, please email the Board at OGLB-Licensing@dopl.idaho.gov.