

STATE OF IDAHO  
 OUTFITTERS AND GUIDES LICENSING BOARD  
 1365 North Orchard – Room 172 – Boise, Idaho 83706  
 Telephone (208) 327-7380 – Fax (208) 327-7382  
 Enforcement (208) 327-7167  
 licensing@oglb.idaho.gov - www.oglb.idaho.gov

**For Board Use Only**

Amount Paid/Date

Remitter

Payment Type

**DESIGNATED AGENT LICENSE APPLICATION**

**For:** \_\_\_\_\_  
 Name of Corporation/Firm/Partnership/Business Entity

**PLEASE TYPE OR PRINT ALL INFORMATION**

**Resident Statement:** I am a ☐ Resident, ☐ Non-Resident of the State of Idaho.

☐ I am a currently licensed guide. My license number is \_\_\_\_\_.

☐ I intend to guide and have signed the affidavit/certification within this application.

☐ I will not be guiding but will hire qualified guides and have enclosed appropriate applications.

**A license fee will be required (upon approval of application) before license will be issued.**

**License Fees:** Submit fees in the form of a money order, cashier's check, certified check, or a check from an Idaho Outfitter/DA applicant made payable to the Idaho Outfitters and Guides Licensing Board (IOGLB), OR you may pay your fees using your credit card.

**All first time applications** must be accompanied by an application fee.

A processing fee will be assessed on all returned checks or unprocessable credit cards.

**Current fees can be found at IOGLB's website at [www.oglb.idaho.gov](http://www.oglb.idaho.gov)**

**WE CANNOT ACCEPT CASH AT ANY TIME**

**PLEASE DO NOT PROVIDE ANY CREDIT CARD NUMBER IN WRITING**

*Call the IOGLB office at (208) 327-7380 with your credit card information*

**The following information will need to be provided to IOGLB:**

Amount Authorized

Billing Zip Code

Cardholder Name

Credit Card Number

Verbal Authorization provided by

Email address for receipt

*A processing fee will be assessed by Access Idaho for credit card transactions*

**(A) Personal Data (Please Print)**

Legal Name \_\_\_\_\_  
 (Last Name, First and Middle)

Maiden Name (if applicable) \_\_\_\_\_ Other Known Name \_\_\_\_\_

Permanent Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender \_\_\_\_\_ Hair \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_\_

E-mail: \_\_\_\_\_ Web address: \_\_\_\_\_

## (B) CERTIFICATION

Pursuant to Idaho Code 36-2113; I certify that I:

- \*HAVE ☐ HAVE NEVER ☐ \*\*been convicted of or received a withheld judgment for a felony or misdemeanor in any **state**
- \*HAVE ☐ HAVE NEVER ☐ \*\*paid two (2) or more forfeitures of any deposits of money or collateral with a court or administrative agency for a conviction for violation of regulations of the United States Forest Service or the Bureau of Land Management;
- \*HAVE ☐ HAVE NEVER ☐ \*\*been convicted of any violation, forfeited bail or collateral deposited to secure appearance, or paid any funds to a court with respect to a citation of the State of Idaho or any state or federal fish and game laws or outfitting and guiding laws of ANY state;
- \*HAVE ☐ HAVE NEVER ☐ \*\*been found to have committed a violation of the Idaho Outfitters and Guides Act or Board Rules, or been denied an outfitter or guide license in any state.

\*If you marked **HAVE** on any of the above, **you must attach an explanation** (court disposition and police report for felonies), including the year and location.

\*\*A **conviction** includes any forfeiture of bail, fine, bond or collateral, suspended sentence, probation or withheld judgment.

When a violation is reviewed by IOGLB Enforcement a special processing fee may be assessed.

Before guiding I will have a valid First Aid Card, comply with all OGLB training requirements and carry my guide license on or about my person while guiding.

### NOTICE:

Pursuant to Idaho Code 36-2113(a)(1), every applicant/licensee shall be subject to denial, suspension, revocation, probation, or other restriction and subject to prosecution as a misdemeanor for supplying false information; for failure to provide information required to be furnished by the license application form or for other fraud or deception in procuring a license.

Signature of Designated Agent Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**(C) Guide Activities:** If guiding, you may only be licensed to guide activities for which your employing outfitter(s) is licensed. Check appropriate activities below:

#### HUNTING

- ☐ Antelope\*
- ☐ Deer\*
- ☐ Elk\*
- ☐ Goat\*
- ☐ Sheep\*
- ☐ Moose\*
- ☐ Bear\*
- ☐ Cougar\*
- ☐ Predators\*
- ☐ Birds (specify)
  - ☐ Forest Grouse
  - ☐ Chukar
  - ☐ Other: \_\_\_\_\_

#### BOATING

- ☐ River \_\_\_\_\_
- ☐ Power\*
- ☐ Float\*
- ☐ Lake (specify) \_\_\_\_\_
- ☐ Reservoir (specify) \_\_\_\_\_

#### FISHING (specify)

- ☐ Anadromous (Salmon, Steelhead)
- ☐ Fly Fishing
- ☐ Power Boat Fishing
- ☐ Float Boat Fishing
- ☐ Walk and Wade Fishing
- ☐ Incidental Fishing
- ☐ Other Species \_\_\_\_\_

#### RECREATION

- ☐ Trail rides
- ☐ Backpacking
- ☐ Snowmobiling\*
- ☐ Technical Mountaineering/Rock Climbing\*
- ☐ Level I Skiing\*
- ☐ Level II Skiing\*
- ☐ Mountain Bike Touring
- ☐ Photography Trips
- ☐ Survival Course
- ☐ Llama Packing

☐ Other (please specify) \_\_\_\_\_

\* *Training forms, or guide license showing apprentice status, will be issued for those activities for which applicant does not have training credentials on file.*

#### (D) References

1. List five (5) references with complete address and phone #, not related, who have known you for at least five (5) years, three (3) of whom have knowledge of your qualifications to be licensed as an outfitter. Two (2) should be bank or credit references.

- a. \_\_\_\_\_  
\_\_\_\_\_  
b. \_\_\_\_\_  
\_\_\_\_\_  
c. \_\_\_\_\_  
\_\_\_\_\_  
d. \_\_\_\_\_  
\_\_\_\_\_  
e. \_\_\_\_\_  
\_\_\_\_\_

2. Give names, addresses and phone # of your two (2) most recent employers, and dates of employment with each.

- a. \_\_\_\_\_  
\_\_\_\_\_  
b. \_\_\_\_\_  
\_\_\_\_\_

#### (E) Attachments & Signatures

I, \_\_\_\_\_, being first fully sworn on oath, state I have completed the foregoing application and verify the truth of the information provided, that I have obtained and reviewed the current Idaho Outfitters & Guides Act and Board Rules within the last six (6) months. I certify that the documents for this application are true and correct:

Signature of Designated Agent Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to employ this applicant as a Designated Agent and certify that the violation questions have been verified and are complete.

\_\_\_\_\_  
Signature of Employing Outfitter                      Print Name Here                      Outfitter License Number                      Date

**NOTARY** (Required for all designated agent applications)

State of \_\_\_\_\_

County of \_\_\_\_\_ ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said state personally appeared \_\_\_\_\_, known to me to be the person

whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he/she executed the same.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal.

[ SEAL ]

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

#### DID YOU REMEMBER TO:

- Certify training credentials and/or log of experience? (If guiding)
- Sign and have your employing outfitter(s) sign this application?
- Enclose your application and license fee?
- Complete all appropriate sections of application?