

MONTANA BOARD OF OUTFITTERS
301 SOUTH PARK, 4TH FLOOR - Delivery
P. O. Box 200513
Helena, Montana 59620-0513

PHONE: 406-444-5711
EMAIL: dlibsout@mt.gov

WEBSITE: www.outfitter.mt.gov

Guide Application

GENERAL INFORMATION

- A guide is a person who is employed by or who has contracted independently with a licensed outfitter and who accompanies a participant in the pursuit of fish or game. A person may not act as a Guide or otherwise represent to the public that they are a guide without first securing a license to practice guiding in Montana.
- **First-time applicants must complete a hands-on First Aid course. Online First Aid will not be accepted for initial applicants.**
- Complete and routine applications will be processed within 10 days. Non-routine (Non-routine is defined in ARM 24.101.402) applications must be considered by the Board during a regularly scheduled meeting and the process may take up to 120 days. The applicant will be notified if additional information is required or if the application is going to be considered non-routine. Applicants may be required to appear before the Board for an interview.
- Guides who utilize any type of watercraft while providing services shall display Board issued watercraft identification stickers. The watercraft identification must display the guide's license number for identification purposes. One set will be issued upon request of the applicant. [See ARM 24.171.413]
- The applicant will be notified in writing of any deficient or missing items from the application file.
- **Applicants and licensees shall keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action.**
- Your guide license must be in your possession at all times while providing services. [See ARM 24.171.2301(3)(j)]
- Guide licenses expire on December 31 of each license year but may be renewed. [See ARM 24.101.413]
- Applicants should review the Board's laws and rules regarding the practice of guiding in Montana. These laws and rules can be found on the Board's website at www.outfitter.mt.gov.

LICENSE REQUIREMENTS AND QUALIFICATIONS

- Must be 18 years of age or older.
- Must be physically capable and mentally competent to perform the duties of a guide.
- Must be endorsed and recommended by an Outfitter with a valid current Montana license.
- Must have a valid current wildlife conservation license.
- Must have current First Aid Certification. **Initial applicants must take a hands-on First Aid Course.**
- Must have not less than one season of experience of hunting or fishing for the type of game for which the applicant will guide or have worked for the outfitter that signs the license for a period of at least six weeks and in the area to be guided in, or have successfully completed a school licensed by a state, approved by the board, and that trains persons to be a guide or professional guide.
- Must have knowledge of hunting and fishing techniques to provide the particular services contracted to the client by the endorsing outfitter.
- Must have knowledge of equipment and terrain and hazards to competently provide a safe experience for those persons guided.

FEES: Guide Application Fee: \$150

(All fees are nonrefundable and nontransferable. *Please make check or money order payable to the Montana Board of Outfitters*)

APPLICATION PROCEDURES AND REQUIRED DOCUMENTS

- Applicants should complete the application in its entirety and attach to it all supporting documents and a check or money in the appropriate amount for all fees required. Supporting documents are identified below and any document that is not in English must be accompanied by certified translations.
- Submit current copy of the First Aid Certification (front and back). **Initial applicants must take a hands-on course.**
- Submit proof of age, such as, copy of birth certificate, driver's license or passport.
- Submit copy of valid Montana FWP issued wildlife conservation license.
- Submit, if applicable, a copy of successful completion of Guide School.
- Submit copies of legal documents/detailed explanation and supporting documentation from the source explaining a "yes" response to questions 14 to 24 on this application. Failure to submit documentation will delay the processing of the application.
- Applicant must request license verifications from all states (including Montana) if they hold or have ever held any professional or occupation license. Attachment A should be used for requesting this verification. Contact each state to see if a fee is charged for the verification. The license verification should then be sent directly to the Montana Board of Outfitters. Make copies of the attached verification form (Attachment A) as needed. Professional and occupational licenses include, but are not limited to: guide, outfitter, private investigator, security guard, nurse, EMT, massage therapist, dental hygienist, medical assistant, electrician, plumber, architect, engineer, cosmetologist, barber, attorney, real estate sales person, card dealer, timeshare broker, teacher, taxidermist license, etc.

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Guide Application Fee - \$150.00
Complete routine applications will be processed within 10 days.

1. FULL NAME: _____
Last First Middle

2. HOME ADDRESS _____
Street or PO Box # City and State Zip

3. PREFERRED METHOD OF CONTACT Postal Mail E-Mail E-MAIL ADDRESS _____

4. TELEPHONE (____) _____ (____) _____
Home Fax

5. SOCIAL SECURITY NUMBER _____ ALS/CONSERVATION LIC # _____
(Attach copy of Conservation License)

6. DATE OF BIRTH _____
(Attach copy of Driver's License, Passport, or Birth Certificate) MALE FEMALE

ADDITIONAL QUESTIONS:

7. I request the required watercraft ID Sticker. Yes No

8. I have a current First Aid Certification. Yes No Expiration Date _____
(Attach a copy (front and back) of your current First Aid Card)

9. PROFESSIONAL/OCCUPATIONAL LICENSES:

List all professional/occupational licenses you hold or ever have held. License verification must be sent directly to Montana from each state/province/territory. Examples: Teacher, Barber, EMT, Taxidermist, Nurse, Realtor, Doctor, massage therapist, timeshare broker, or any profession or occupation requiring a license.

List State	License #	License Type	Issue Date	Expiration Date	Requested State Verification
					Yes No
					Yes No
					Yes No
					Yes No

DISCIPLINARY QUESTIONS:

Please read carefully and answer questions completely and truthfully, it may affect your licensure. If you answer "yes" to any question, attach supporting documents or a Supplementary Sheet giving specific details (names of organizations, dates, reasons, and outcome). If the disciplinary action or information is already on file with the Board office, please indicate in explanation.

- | | | |
|---|-----|----|
| 10. Have you ever had an application for a professional or occupational license refused or denied? If yes, please <u>ATTACH</u> a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 11. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please <u>ATTACH</u> a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 12. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please <u>ATTACH</u> documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. | Yes | No |
| 13. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please <u>ATTACH</u> a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 14. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please <u>ATTACH</u> a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 15. Have any civil legal proceedings been filed against you by a client, former client or employer/employee? If yes, <u>ATTACH</u> a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. | Yes | No |
| 16. Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, <u>ATTACH</u> a detailed explanation and documentation from the source. You must REPORT but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18 th birthday unless you were tried as an adult. | Yes | No |
| 17. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please <u>ATTACH</u> a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. | Yes | No |
| 18. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please <u>ATTACH</u> detailed explanation. | Yes | No |
| 19. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, <u>ATTACH</u> a detailed explanation and documentation from the source. | Yes | No |
| 20. Have you ever been convicted or forfeited bond on any violation of the Fish, Wildlife and Parks laws or applicable regulations of any state or the United States? If yes, <u>ATTACH</u> a detailed explanation and documentation from the source. | Yes | No |

21. **QUALIFICATIONS & EXPERIENCE:** Applicant must have not less than one season of experience hunting or fishing for the type of game for which the applicant will guide **or** have worked for the outfitter that signs the license for a period of at least six weeks and in the area to be guided in **or** have successfully completed a school licensed by a state, approved by the Board, and that trains persons to be a guide. Please ATTACH your guide school certificate of completion if applicable.

CHECK (✓) APPLICABLE TYPE OF QUALIFICATIONS [Pursuant to ARM 24.171.601(1)(a)]

Experience

I attest I have the required experience (hunting or fishing) for the type of game or fish I will pursue as a guide.

Employment

I attest I have worked for the endorsing outfitter in the area that I will be guiding for at least six weeks.

Certification

I attest I have completed a state licensed Board approved guide school and have attached a copy of my school certification with my application.

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Outfitters.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

APPLICANT RELEASE OF INFORMATION AUTHORIZATION

I give permission to the Board of Outfitters to release information regarding my guide application to my endorsing outfitter. (If you choose not to sign the release, be aware that the Board office cannot release any information regarding your application to the endorsing outfitter).

Legal Signature of Applicant

Date

ENDORISING OUTFITTER AFFIDAVIT

Name of Endorsing Outfitter _____ License _____

Phone # (____) _____ -- _____ Fax # (____) _____ -- _____

CHECK ONE:

The Applicant is in fact to be employed by me or retained as an independent contractor in accordance with 37-47-101, MCA. I confirm that I have inquired and, to my knowledge, the applicant meets all the qualifications of a guide in accordance with ARM 24.171.601.

Legal Signature of Endorsing Outfitter

Date

Please make sure that the following documents are attached to this application prior to submitting it to the Board of Outfitters.

Copy of driver's license, birth certificate or passport.

Copy of valid Montana FWP issued Conservation License.

Copies of documents explaining a "yes" response to questions 10 to 20 on this application.

Guide school certification (if applicable)

Copy of current **Board approved** First Aid Card (front and back). **Note: First time applicants must take a Board Approved Hands-On First Aid Course.**

Attach check or money in the appropriate amount and make it payable to Montana Board of Outfitters.

VERIFICATION OF LICENSURE

(Attachment A)

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD of OUTFITTERS

I am applying for a license to practice guiding in the State of Montana. The Board of Outfitters requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF OUTFITTERS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF _____

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

License is current? _____ If No, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If yes, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? _____

If yes, explain _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____
Title: _____
State Board: _____ Date: _____