

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.

Proof of age (i.e. 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 may take a Board Approved Hands-On or online First Aid Course.**

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