MONTANA BOARD OF OUTFITTERS
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 841-2305

EXPERIENCE VERIFICATION AFFIDAVIT

Applicant Information:

Full Name _____ Guide License Number _____

Address _____

Telephone _____ Email Address _____

Outfitter Information:

Full Name _____ Outfitter License Number _____

Address _____

Telephone _____ Email Address _____

The Outfitter identified above attests to the following:
All information provided in this Experience Verification Affidavit, including each Experience Worksheet page attached, complies with ARM 24.171.502, specifies the type of guiding activity (Hunting or Fishing) the Applicant engaged in and sets forth the dates of service provided while the Applicant was employed by, or contracted with, me. The Applicant obtained the experience days as described in the attached Experience Worksheet pages, and the information contained in each Experience Worksheet page is consistent with all of Outfitter's other records, including but not limited to Outfitter's client logs.

Total Fishing Experience Days _____ Total Hunting Experience Days _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

_____ (Outfitter signature) _____
_____ (printed name) Date

EXPERIENCE WORKSHEET - Page 1

Hunting	Date		Fishing	Date

EXPERIENCE WORKSHEET - Page 2

Hunting	Date		Fishing	Date