

**MONTANA BOARD OF OUTFITTERS**  
301 SOUTH PARK, 4<sup>TH</sup> FLOOR - Delivery  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 841 -2304 or 2373 FAX (406) 841-2309  
E-MAIL: [dlibsout@mt.gov](mailto:dlibsout@mt.gov)  
WEBSITE: <http://www.outfitter.mt.gov>

## **Guide Application**

### **GENERAL INFORMATION**

- A person may not act as a Guide or advertise or otherwise represent to the public that they are a guide without first securing a license to practice guiding in Montana.
- Review the Montana laws and rules regarding the practice of guiding in Montana.
- Complete and routine applications will be processed within 10 days. Non-routine applications must be considered by the Board during a regularly scheduled meeting and the process may take up to 120 days.
- Incomplete applications will be reviewed and letters of deficiency noted.

### **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 conservation license.** *(This is your ALS#)*
- **Must have current First Aid Certification** *(First aid certifications obtained over the internet are considered non-routine applications and must be reviewed for approval by the board).*
- **Must have not less than one season of experience hunting and fishing for the type of game for which the applicant will guide or have worked for the outfitter that endorses the guide for not less than six weeks in the area to be guided or have successfully completed a school licensed by a state, approved by the board and that trains persons to be a guide.** *(If your only hunting and fishing experience is based on completion of guide school, your application must be considered by the board.)*
- **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**
- **A guide is a person who is employed by or who has contracted independently with a licensed outfitter and who accompanies a participant during outdoor recreational activities that are directly related to activities for which the outfitter is licensed.**

### **FEES**

**Guide Application Fee: \$150** (All fees are nonrefundable and nontransferable)

The Application includes 1 set. **Each additional Set of Watercraft Stickers \$5 per set**

*(Please make check or money order payable to the Montana Board of Outfitters)*

## REQUIRED DOCUMENTS

The following documents must be submitted to the Board office in order to complete your license application. Please be sure to make 8 ½" x 11" copies of the following and submit with your application. NOTE: Any document that is not in English must be accompanied by certified translations.

- Proof of Current First Aid Certification. (copy of front and back of certification)
- Proof of Age such as copy of birth certificate, driver's license or passport.
- If, applicable, a Copy of successful completion of Guide School.
- Copy of valid, current wildlife conservation license.

## APPLICATION PROCEDURES

- When the application file is complete, it will be processed and considered by Board staff for licensure. The applicant may be notified if additional information is required or if applicant is required to appear before the Board for an interview.
- A routine application may take up to 10 days to process once the application is complete.
- If the application is deemed a non-routine application, there will be a delay in processing the application up to 120 days, because the application must be reviewed and approved by the Board. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. (Non-routine is defined in ARM 24.101.402)
- If you have or ever held a professional or occupational license in another state, you must request that state board submit a license verification sent directly from each state board in which you are currently licensed or ever been licensed. Please make copies of the attached verification request form as needed (the verification form is attached to this application, last page, Attachment A). Some states may charge a fee for license verifications. Professional and occupational license may consist of, but 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. Any regulated profession or occupation that requires you to be licensed by a state.
- Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- The applicant will be notified in writing of any deficient or missing items from the application file.

## ADDITIONAL INFORMATION

- Once the application is approved a license will be issued. When issued, the license shall be mailed to the endorsing outfitter retaining or employing the guide. Thereafter, each additional outfitter who uses the services of the guide during the license year shall sign the guide's license, and following completion of the guide's service on behalf of the outfitter, shall specify dates on which the guide provided services for the outfitter. (See ARM 24.171.602)
- Guides who utilize any type of watercraft while providing services shall be issued watercraft identification stickers with their license. The watercraft identification must display the guide's license number for the current license year. (See ARM 24.171.413)
- Your guide license must be in your possession at all times while providing services. [See ARM 24.171.2301 (3)(k)]
- Guide licenses terminate on December 31<sup>st</sup> of each license year and licensees must make reapplication. (See ARM 24.101.414)

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**Guide Application**

**Complete routine applications will be processed within 10 days**

1. FULL NAME: \_\_\_\_\_  
Last First Middle
2. OTHER NAME(S) KNOWN BY \_\_\_\_\_
3. BUSINESS NAME \_\_\_\_\_
4. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip
5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip
6. PREFERRED MAILING ADDRESS  Business  Home
7. E-MAIL \_\_\_\_\_
8. TELEPHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Home Fax
9. SOCIAL SECURITY NUMBER \_\_\_\_\_ ALS/CONSERVATION LIC # \_\_\_\_\_
10. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City / State  MALE  FEMALE

**ADDITIONAL QUESTIONS:**

11. Do you require Watercraft Identification Stickers? (1 set is already included w/Application)  Yes  No

How many sets of watercraft stickers would you like in addition to your 1 set?

There is an additional fee of \$5 per set. This fee must be included with your application fees.

**12. 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
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Failure to provide license verification will delay application processing.

**DISCIPLINARY QUESTIONS:**

Please read carefully & answer questions completely and truthfully, it may affect your licensure. If the disciplinary action or information is already on file with the board office, please indicate in explanation.

13. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

14. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

15. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  Yes  No

16. 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 attach a detailed explanation and provide supporting documentation from the source.  Yes  No

17. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

18. Have any civil legal proceedings been filed against you by a client, former client or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  Yes  No

19. 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, attach 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<sup>th</sup> birthday unless you were tried as an adult.  Yes  No

20. 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 attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.  Yes  No

21. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.  Yes  No

22. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.  Yes  No

23. 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, attach a detailed explanation and documentation for the source.  Yes  No

**24. HUNTING & FISHING 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 submit your guide school certificate of completion if applicable.

Type of activity (Hunting or Fishing)	Provide # of season(s) <b>or</b> Inclusive dates working with endorsing outfitter	Name of endorsing outfitter and license # <b>or</b> guide school (If applicable)	Location of experience  (Example: Scapegoat Wilderness, Eastern Montana, or closest City/Town )

**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 # (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

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**

**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 TO PRACTICE AS A GUIDE. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

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: \_\_\_\_\_