

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

- Outfitter**
- Hunting Guide**

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the State of Utah, Division of Occupational and Professional Licensing any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?*

***NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

QUALIFYING QUESTIONNAIRE

PROFESSION SPECIFIC QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered a plea in abeyance, been convicted of or have a pending diversion agreement for violating a federal or state wildlife, hunting guide or outfitter statute or regulation in the past 5 years in any jurisdiction?
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever lost your right to hunt in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

Affidavit of Training and Experience

This form is to be used if you did not receive a Certification of Completion of a Basic Outfitter or Hunting Guide Training Program

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EDUCATION

Name of Instructor: _____ **License Number:** _____

Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Dates of Attendance: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Training Experience	Total Days	Outfitter Only Training Experience	Total Days
Hunter Ethics & Attitude	_____	Supervision Clientele	_____
Horsemanship	_____	Outfitter Regulations	_____
Packing Skills	_____	Hiring & Supervising Personnel	_____
Transporting Livestock	_____	Outfitter Advertising	_____
Shoeing Skills	_____	Booking Clientele	_____
Use of a Cross Cut Saw & Ax	_____	Going Into Business for Oneself	_____
Use of a Chain Saw	_____	Wilderness & Back Country Manners	_____
General Weapon Knowledge	_____	Applying Federal & State land Use Polices	_____
Guiding Skills	_____	Obtaining Permits & Permissions for Client	_____
Game Care	_____	Providing Staff & Facilities for Hunting	_____
Setting Up Camps	_____	Providing a Hunting Guide	_____
Approved First Aid/CPR Course	_____		
Basic Survival Skills	_____		
Orienteering and Map Reading	_____		
Basic OHV Safety	_____		
Trophy Judging Skills	_____		
Hunting Guide Regulations (Hunting Guides Only)	_____		

Note: No more than 15 days of training may be permitted from any given area of training/experience.

Total of Number of Days: _____

By signing below, I certify that the applicant named above has successfully completed 100 days of training and experience outlined above, or its equivalent in as outlined in Section R156-79-302e.

I further certify that the applicant is qualified and competent to practice as a licensed *(select one)*:

- Hunting Guide
- Outfitter

Signature of Instructor: _____ **Date:** _____

NOTE: *If you are an out-of-state instructor, you must also attach a copy of your state license.*

Verification of Association

Pursuant to 58-79-102m a Hunting Guide is retained for compensation by an Outfitter. Please use this form to verify association with all licensed Outfitters that you will be retained by. Make additional copies as needed.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____

First

Middle

Last

Mailing Address: _____

Street/PO Box

City

State/Zip

OUTFITTER INFORMATION

To be completed by *each* supervising outfitter.

Full Legal Name: _____

First

Middle

Last

Mailing Address: _____

Street/PO Box

City

State/Zip

License Number: _____

Email: _____

I do hereby certify that I am a licensed Outfitter in the state of Utah, and that the above named individual will be retained by me as a hunting guide upon the issuance of his/her hunting guide license. I understand that is it unlawful for this individual to practice as a hunting guide prior to his/her becoming licensed.

Signature of Outfitter: _____ Date: _____

Full Legal Name: _____

First

Middle

Last

Mailing Address: _____

Street/PO Box

City

State/Zip

License Number: _____

Email: _____

I do hereby certify that I am a licensed Outfitter in the state of Utah, and that the above named individual will be retained by me as a hunting guide upon the issuance of his/her hunting guide license. I understand that is it unlawful for this individual to practice as a hunting guide prior to his/her becoming licensed.

Signature of Outfitter: _____ Date: _____

Full Legal Name: _____

First

Middle

Last

Mailing Address: _____

Street/PO Box

City

State/Zip

License Number: _____

Email: _____

I do hereby certify that I am a licensed Outfitter in the state of Utah, and that the above named individual will be retained by me as a hunting guide upon the issuance of his/her hunting guide license. I understand that is it unlawful for this individual to practice as a hunting guide prior to his/her becoming licensed.

Signature of Outfitter: _____ Date: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

The following items are required to complete your application:

- Supporting documentation for any “yes” answers provided on either of the qualifying questionnaires. See page 2 of the application for more information.
- Current Criminal History Record issued by your state of residence. For Utah, please contact the Bureau of Criminal Identification for a list of locations, www.bci.utah.gov. (This document is valid for only 30 days)
- Copy of a valid Drivers License or State Id Card.
- Copy of current Utah Division of Wildlife Resources Wildlife Violation Record or its equivalent as issued by your state of residency. For Utah, this can be obtained from the Law Enforcement Section of DWR, www.wildlife.utah.gov. (This document is valid for only 30 days)
- Copy of valid First Aid and CPR credentials
- Official verification of license in another state, *if applicable*.

OUTFITTERS

If applying to be an **Outfitter**, *in addition* to the items required for all applicants, the following items are required:

- \$150.00 non-refundable application processing fee made payable to “DOPL”.
- Pass the Utah Outfitters Examination. DOPL’s testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for examination. Submit the fees directly to the testing agency.
- Certification of Completion of a Basic Outfitter Training Program *or Affidavit of Training and Experience* (see page 3 of this application).

HUNTING GUIDES

If applying to be a **Hunting Guide**, *in addition* to the items required for all applicants, the following items are required:

- \$75.00 non-refundable application processing fee made payable to “DOPL”.
- Pass the Utah Hunting Guide *or* Utah Outfitters Examination. DOPL’s testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the examination. Submit the fees directly to the testing agency.
- Certification of Completion of a Basic Hunting Guide Training Program *or Affidavit of Training and Experience* (see page 3 of this application).
- Verification of Association (see page 4 of this application).

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741