



# IDAHO DEPARTMENT OF FISH AND GAME EDUCATIONAL FISHING PERMIT APPLICATION

Application for an Educational Fishing permit should be submitted at least 10 business days prior to the event. Any missing information could delay processing. Please mail or deliver your application to any regional office or send to: Idaho Department of Fish and Game Regional Communications Manager, P O Box 25, Boise, Idaho, 83707.

**PLEASE TYPE OR PRINT LEGIBLY:**

Group/Sponsor/Organization Name \_\_\_\_\_

Applicant Name (*First, Initial & Last*) \_\_\_\_\_

Mailing Address (*Street*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Soc. Sec. Last 4 No. \_\_\_\_\_ (*Required by Law*)

Drive's License No. \_\_\_\_\_ Driver's License Ex. Date \_\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_ DOB (*mm/dd/yy*) \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Body of Water/Event Location: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Duration: \_\_\_\_\_

Start Time: \_\_\_\_\_ AM / PM

Anticipated Number of Participants: Adult: \_\_\_\_\_ Youth (Under 14): \_\_\_\_\_

Fishing License Number of Applicant (if current): \_\_\_\_\_

Describe the purpose and skills to be taught at the event: \_\_\_\_\_

\_\_\_\_\_

IDFG will notify the above-named person as to whether this application is approved. If approved, an Educational Fishing Permit will be issued to the lead instructor for the event, which will exempt event participants from purchasing a fishing license (36-401(f)). All rules adopted by the Idaho Fish and Game Commission must be followed. A post-event report may be required.

Actual permit will be issued through IDFG license system. Permit conditions will be included on a permit addendum.

Signature of Applicant or Authorized Person: \_\_\_\_\_ Date \_\_\_\_\_

IDAHO FISH AND GAME OFFICE USE ONLY		Report Required Y / N
Notify RCO of all approved permits.	Permit #745 _____ - _____	
RCM Approval: Y / N Date: _____	Conditions: Y / N	
RFM Approval: Y / N Date: _____	Conditions: Y / N	