



IDAHO OUTFITTER CERTIFICATION



Outfitter Business Name _____
 Address _____
 City/State/Zip _____

Outfitter License No. _____
 Telephone No. _____

I, the undersigned, certify that the following individual(s) have contracted for outfitting services for a big game hunt for license year _____ (year) _____ (Outfitter Signature) _____ and that a deposit fee has been received for the hunt:

Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Soc. Sec. Last four No _____ (required by law)
 Gender _____ Height _____ Weight _____
 Eye Color _____ Hair Color _____
 Date of Birth (mm/dd/yy) ___ / ___ / ___ Telephone () ___ - ___
 Archery Education No. _____
 (or previous archery permit or attached signed affidavit)
 Hunter Education No. _____
 (required if born after January 1, 1975)
 Driver's License No. _____
 (optional information)
 DL. expire date (mm/dd/yy) / ___ / ___ DL. St. _____

IDAHO FISH AND GAME OFFICE USE ONLY

License No. Issued _____
 Tag No.'s Issued _____

NON RESIDENT PRODUCTS AND PRICES

*Includes Access/Depredation Fee

License
 *Combination..... **\$250.00** *Jr. Mentored Hunt..... **\$35.75**

*Adult Hunt 3/Day Fish.... **\$164.75**
 begin fish date (mm/dd/yy) ___ / ___ / ___

*Disabled American Veteran¹ **\$35.75**
 begin fish date (mm/dd/yy) ___ / ___ / ___

Elk
 Adult **\$416.75** Jr. Mentor/DAV..... **\$39.75** Unit No. _____
 Zone _____ A B

Deer
 Adult **\$301.75** Regular White Tail
 Jr. Mentor/DAV..... **\$23.75** Regular White Tail

Bear
 (intended hunt unit _____) Regular **\$186.00**
 (intended hunt unit _____) Reduced **\$41.75**
 (intended hunt unit _____) 2nd **\$41.75**
 (intended hunt unit _____) Jr. Mentored/DAV **\$23.75**

Mt. Lion
 (intended hunt unit _____) Regular **\$186.00**
 (intended hunt unit _____) Reduced **\$41.75**
 (intended hunt unit _____) 2nd **\$41.75**

Wolf (# requested up to 15 ___)
 (intended hunt unit _____) **\$31.75**

Permits
 Archery **\$20.00** Muzzleloader **\$20.00**
 Sage/Sharptail Grouse **\$5.75** Migratory Bird **\$4.75**
 CH App. **\$14.75**

TOTAL AMOUNT OF PURCHASE \$ _____

¹40% or greater service connect Veteran. Documents from VA required.

Name _____
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Date Received (mm/dd/yy) ___ / ___ / ___
 Date Documents Issued (mm/dd/yy) ___ / ___ / ___

Amount Received Check/Check \$ _____
 Date Documents Mailed (mm/dd/yy) ___ / ___ / ___