

**MONTANA BOARD OF OUTFITTERS**  
**301 S. Park Ave, 4th Floor, PO Box 200513**  
**Helena MT 59620-0513**  
**Phone: (406) 841-2304 Fax: (406) 841-2309**  
**E-mail: [dlibsout@mt.gov](mailto:dlibsout@mt.gov) Website: <http://www.outfitter.mt.gov>**

**PROCEDURES FOR:  
PROFESSIONAL GUIDE LICENSE APPLICATION**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. APPLICATIONS MUST BE ACCOMPANIED BY REQUIRED FEES. PROCESSING TIME IS APPROXIMATELY 14-DAYS FROM THE DATE THAT THE BOARD HAS A COMPLETE ROUTINE APPLICATION.

- **FEES:** Applications must be accompanied with the required fees. Checks or money orders are to be made payable to the Montana Board of Outfitters. All fees are non-refundable.

\$ 150.00 Application

- **APPLICATION PROCEDURES:** Applicants for a professional guide's license must apply on a form prescribed and furnished by the Board. Applicants must meet the experience, training specifications and other qualifications. Incomplete applications will be returned causing a delay in processing.
  - (1) Complete the application by typing or printing all required parts. Sign the forms and submit them to the Board office with the required fees.
  - (2) The application must include a signature of the endorsing outfitter confirming that, to the knowledge of the outfitter, the professional guide meets all the qualifications of a professional guide.
  - (3) Qualifications will be investigated and experience verified upon receipt of an application. The experience is verified through review of the endorsing outfitter's annually submitted client report logs or employment records.
  - (4) When all the conditions of licensure have been satisfied, the Board will issue a license that is mailed to the endorsing outfitter retaining or employing the professional guide for proper endorsement. 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 or professional guide provided service for the outfitter.
  - (5) The license is valid for the licensing year in which it is issued and expires on December 31 of that license year.
- **QUALIFICATIONS/EXPERIENCE:** Applicants must meet the following qualifications, experience and/or training:
  - (1) Be 18 years of age or older and be physically capable and mentally competent to perform the duties of a guide or professional guide
  - (2) Be endorsed and recommended by an outfitter with a valid license
  - (3) Have been issued a valid wildlife conservation license

**QUALIFICATIONS/EXPERIENCE (CONTINUED):**

- (4) Have knowledge of hunting and fishing techniques to provide the particular services contracted to the client by the endorsing outfitter
- (5) Have knowledge of equipment, terrain and hazards to competently provide a safe experience for those persons he or she guides
- (6) Have held a guide license in the state of Montana for at least three years
- (7) Have not had disciplinary action taken against the applicant's guide license in this state or any other state
- (8) Have spent at least 300 days guiding clients in the field as evidenced by: (a) employment records; or (b) client report logs of endorsing outfitters
- (9) An outfitter whose license is currently suspended or revoked is not qualified for a guide or professional guide license.

• **REQUIRED DOCUMENTATION:**

- (1) The fully completed application and \$150.00 fee
- (2) Applicant shall provide, on a form provided by the Board, character references from:
  - (a) three clients the guide has guided;
  - (b) one licensed outfitter; and
  - (c) one licensed guide
- (3) Applicant shall provide evidence of 15 hours of training or education obtained in the year previous to application in addition to guiding experience, in topics relevant to guiding as approved by the Board
- (4) Applicant must provide proof of current basic first aid certification



12. 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**
13. 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**
14. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? 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 you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source.  **Yes**  **No**
19. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.  **Yes**  **No**
20. 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**
21. 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**

22. 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**
23. 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**
24. Have you ever been court marshaled 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**
25. Do you have any physical or mental impairment(s) requiring special accommodations in taking the written examination? If yes, please include a statement of your needs with this application.  **Yes**  **No**
26. Have you any physical or mental condition, which has adversely affected your ability to practice this profession? If yes, attach a detailed explanation.  **Yes**  **No**
27. Have you demonstrated lack of respect for or lack of compliance with the laws of any state or of the United States or any rules promulgated thereunder as to matters of fish and game, conservation of natural resources, and preservation of the natural ecosystem? If "yes", attach a detailed explanation.  **Yes**  **No**
28. Have you been convicted of or forfeited bond on any violation of the fish and game laws or applicable regulations of any state or the United States? If yes, attach a detailed explanation and identify how many.  **Yes**  **No**
29. Have you, at any time, practiced fraud, deception, or material misrepresentation in procuring any previous outfitter's, guide's, professional guide's, or conservation license from the state of Montana or any other state? If yes, attach a detailed explanation.  **Yes**  **No**
30. Have you, at any time, promulgated false or misleading advertising related to the business of outfitting? If "yes", attach a detailed explanation.  **Yes**  **No**
31. Have you committed any negligent act or misconduct while acting as an outfitter, guide or professional guide that caused a danger or unreasonable risk of danger to person or property of any client of such outfitter, guide or professional guide during the license year immediately preceding this license year? If yes, attach a detailed explanation.  **Yes**  **No**
32. Have you failed to substantially comply with any board regulation or state or federal law concerning outfitters, guides and professional guides? If yes, attach a detailed explanation.  **Yes**  **No**

**37. EDUCATION:**

A professional guide shall present evidence of 15 hours of training or education obtained in the year previous to application in addition to guiding experience, in topics relevant to guiding as approved by the board.

Name of School	Address, City and State	Dates Attended MM/YYYY	Diploma/Degree/ Certificate Earned

**38. CHARACTER REFERENCES:**

Please type or print names and addresses of three clients, one outfitter, and one guide that can provide character references on the attached form.

**CLIENT #1**

Name:
Address:
Telephone Number:

**CLIENT #2**

Name:
Address:
Telephone Number:

**CLIENT #3**

Name:
Address:
Telephone Number:

**OUTFITTER**

Name:
Address:
Telephone Number:

**GUIDE**

Name:
Address:
Telephone Number:

**39. EXPERIENCE:**

List your experience as a licensed guide (most recent first). A professional guide must have spent at least 300 days guiding clients in the field as evidenced by employments records or client report logs of the endorsing outfitter. Attach additional sheets if necessary.

Year: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_

\_\_\_\_\_  
Employer's phone: \_\_\_\_\_  
Services provided for hunting \_\_\_\_ fishing \_\_\_\_  
Dates providing services: \_\_\_\_\_  
Where services provided: \_\_\_\_\_  
Describe what you did for this outfitter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_

\_\_\_\_\_  
Employer's phone: \_\_\_\_\_  
Services provided for hunting \_\_\_\_ fishing \_\_\_\_  
Dates providing services: \_\_\_\_\_  
Where services provided: \_\_\_\_\_  
Describe what you did for this outfitter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_

\_\_\_\_\_  
Employer's phone: \_\_\_\_\_  
Services provided for hunting \_\_\_\_ fishing \_\_\_\_  
Dates providing services: \_\_\_\_\_  
Where services provided: \_\_\_\_\_  
Describe what you did for this outfitter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_

\_\_\_\_\_  
Employer's phone: \_\_\_\_\_  
Services provided for hunting \_\_\_\_ fishing \_\_\_\_  
Dates providing services: \_\_\_\_\_  
Where services provided: \_\_\_\_\_  
Describe what you did for this outfitter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_

\_\_\_\_\_  
Employer's phone: \_\_\_\_\_  
Services provided for hunting \_\_\_\_ fishing \_\_\_\_  
Dates providing services: \_\_\_\_\_  
Where services provided: \_\_\_\_\_  
Describe what you did for this outfitter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_

\_\_\_\_\_  
Employer's phone: \_\_\_\_\_  
Services provided for hunting \_\_\_\_ fishing \_\_\_\_  
Dates providing services: \_\_\_\_\_  
Where services provided: \_\_\_\_\_  
Describe what you did for this outfitter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENDORISING OUTFITTER INFORMATION** (To be filled out by the endorsing outfitter)

Outfitter Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

License # \_\_\_\_\_

**NOTE:** LICENSES ARE MAILED TO THE OUTFITTER FOR PROPER ENDORSEMENT! EACH OUTFITTER UTILIZING THE GUIDE'S SERVICES DURING THE LICENSE YEAR MUST SIGN THE GUIDE'S LICENSE AND FOLLOWING THE COMPLETION OF THE SERVICE MUST SPECIFY THE DATES WHICH SERVICES WERE PROVIDED.

**GUIDE APPLICANT SIGNATURE** I hereby certify that the information I have provided to complete this application is true and correct. I understand that failure to furnish information or any fraud, misrepresentation, deception, or concealment of a material fact in applying for or assisting in securing a license or license renewal could result in denial of my application and other disciplinary sanctions subject to notice and opportunity for hearing.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Application must include a copy of the applicant's current first aid card. Online first aid courses are not accepted by the Board office. For a list of approved basic first aid courses please contact the Board office.

**ENDORISING OUTFITTER:**

The applicant is in fact to be employed by me or retained as an independent contractor in accordance with 37-47-101(7), MCA, I confirm that I have inquired and, to my knowledge, the applicant meets all the qualifications of a guide or a professional guide in accordance with ARM 24.171.601.

**Outfitter:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

