

**2019 Camp Trip Leader Safety Course Instructor Application**

State of Maine, Department of Inland Fisheries & Wildlife  
284 State Street, 41 State House Sta., Augusta, Me. 04333-0041  
Fax- (207) 287-8094

Office use only	
User Type	Change

- NEW 1820  
 RENEWAL

Moses ID \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
last first mi

Email \_\_\_\_\_ Social Security #/Federal Id # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
street or box # town/city state zip code

Physical Address \_\_\_\_\_  
street or box # town/city state zip code

Legal Residence (town) \_\_\_\_\_ Drivers License # \_\_\_\_\_  
(state & zip code if different from above)

Physical Description: \_\_\_\_\_ Phone # \_\_\_\_\_  
height weight hair eyes sex

Camp Name \_\_\_\_\_

Camp Address \_\_\_\_\_

Current Camp Trip Leader Permit Number **(Current Permit Required)** \_\_\_\_\_

**\*By Signing, the Camp Director acknowledges the applicant meets all the qualifications listed in Chapter 23.01, Subsection I.**

Camp Director Signature \_\_\_\_\_ DHHS EST ID # \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**