

Make checks payable to:
Treasurer State of Maine

2019 - Camp Trip Leader Permit 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 Applicant 0795 **Fee: - \$20.00**

Renewal Applicant 1795 **Fee: - \$15.00** Last year licensed _____

Guide 8795- **No Fee** Moses ID _____

Name _____ Date of Birth _____
last first mi

Email _____

Social Security #/ Federal Id# (required for residents of the US) _____

Legal Residence (town) _____
(state & zip code)

Drivers License # _____ Drivers License State _____

Physical Description: _____ Phone # _____
height weight hair eyes sex

Camp Name _____

Camp Address _____
street or box # town/city state zip

Camp Director Signature _____ DHHS EST ID # _____

***Out of state camps MUST show proof of their state licensing.**

Applicant Signature Date

New applicants completing the camp trip leader safety course: (to be completed by instructor)

Course Location & Address _____

Instructor Name _____ Pass Fail
(Please print name)

The Candidate has the prerequisites listed in the Dept. of Inland Fisheries & Wildlife rules and regulations pertaining to the Camp Trip Leader Safety Course procedure and has successfully completed a Camp Trip Leader Safety Course and written examination administered by the above named course instructor(s).
(Please sign below.)

Course Instructor Signature Date

(see other side for special application process)

New Applicants - Special Application Permit

The Candidate has the prerequisites listed in the Dept. of Inland Fisheries & Wildlife rules and regulations pertaining to the Camp Trip Leader Special Application procedure and has successfully passed a written examination administered by the below named course instructor(s).

_____ has the prerequisites listed in the Department of Inland Fisheries and Wildlife rules
(Applicant's name)
and regulations governing the Camp Trip Leader Special Application procedure. (Please sign below.)

Applicant's Signature

Camp Director's Signature/ DHHS EST ID #

Instructor Name _____
(Please print name)

Pass

Fail

Course Instructor Signature