2017 Camp Trip Leader Safety Course InstructorApplication

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**

Revised 11/16