



# Outfitter/Guide Employee List

Return To: Outfitter Guide Desk Fax: (503) 378-4597 Phone: (503) 378-2633  
 outfitter.guide@state.or.us PO Box 14145, Salem, OR 97309

## Employee List & Training/Experience Affidavit: (attach an additional copy of this page if necessary)

Employee means an individual who, in exchange for compensation or other monetary gain, provides outfitting and guide services under the direction, supervision and control of an outfitter and guide or a charter guide. Those employees of fishing guides who conduct, lead or assist in angling activities, or operate or assist in the operation of a watercraft used for angling activities must be individually registered as Outfitter/Guides. Each outfitter/guide must maintain a current list with the Marine Board of these individuals.

Full Legal Name	Address, City, State, Zip	Date of Birth (mm/dd/yyyy)	Expiration Date(s) (mm/dd/yyyy)		Class III WhiteWtr or Higher Experience & Training
			First Aid	CPR	
					<input type="checkbox"/> Yes <input type="checkbox"/> Trainee
					<input type="checkbox"/> Yes <input type="checkbox"/> Trainee
					<input type="checkbox"/> Yes <input type="checkbox"/> Trainee
					<input type="checkbox"/> Yes <input type="checkbox"/> Trainee
					<input type="checkbox"/> Yes <input type="checkbox"/> Trainee
					<input type="checkbox"/> Yes <input type="checkbox"/> Trainee
					<input type="checkbox"/> Yes <input type="checkbox"/> Trainee

## Outfitter/Guide & Employee Background:

Yes	No	In the last 24 months have <u>you</u> or <u>an employee</u> (those without their own guide license) been issued a <u>citation or been convicted of:</u>
<input type="checkbox"/>	<input type="checkbox"/>	Any criminal offense or violation of ORS 477, (fire prevention laws), ORS 496, 497, 498, 501, 506, 508, 509, 511(fish and wildlife laws), ORS 704 (outfitter and guide laws), and/or ORS 830 (boating laws)?
<input type="checkbox"/>	<input type="checkbox"/>	Any violation of wildlife laws that occurred while acting as an outfitter/guide and that resulted in a court-ordered revocation of the hunting or fishing license of the outfitter/guide?
<input type="checkbox"/>	<input type="checkbox"/>	Any criminal offense or conviction of a felony or misdemeanor under ORS 162, 163, 164, 165, 166 or 167 (offenses against the State and public justice)?
<input type="checkbox"/>	<input type="checkbox"/>	Any crime involving delivery, manufacture or possession of a controlled substance, (as defined in ORS 475.005), except marijuana?
<input type="checkbox"/>	<input type="checkbox"/>	Been denied the right to apply for an outfitting and guide license, permit or certificate by another state or by an agency of the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Have had an outfitting and guide license, permit or certificate, or US Coast Guard operator license suspended, revoked, or cancelled by another state or by an agency of the United States?
Yes	No	Have <u>you</u> or <u>an employee</u> (those without their own guide license) ever <u>been convicted of:</u>
<input type="checkbox"/>	<input type="checkbox"/>	A crime, the result of which prohibits the person from possessing a firearm?
<input type="checkbox"/>	<input type="checkbox"/>	A crime, the result of which requires the person to be registered as a sex offender on ORS 181.806, 181.807, 181.808, or 181.809?

**If any items are marked "Yes", attach an additional page and explain, including the date(s), law enforcement agency or court, and outcome or scheduled court date. Include copies of any applicable documentation.**

*I hereby certify that all information provided on this application is true and accurate. I and each of these individuals meet the Outfitter and Guide provisions contained in ORS 704.020 and possess a current OSMB-approved American Red Cross or equivalent standard first aid & CPR card issued to them. I further certify each of my employees and I have read and understand the Outfitter/Guide Ethical and Professional Standards in OARChapter250.*

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT NAME (Printed): \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_