

2024 Oregon Outfitter Guide Application Instructions

Return to:

OSMB - Guide Desk 435 Commercial St NE #400 PO Box 14145 Salem OR 97309-5065 For questions, call or email: (503) 378-2633 outfitter.guide@boat.oregon.gov www.boat.oregon.gov

<u>Please allow at least 10 business days for processing</u>. We ask you to plan accordingly. Remember, if your guide license has expired, you may not advertise or provide guided outdoor recreational activities until your Outfitter Guide Registration has been issued.

Applicant Requirements:					
A completed application					
Certificate of Liability Insurance					
American Red Cross or equivalent First Aid / CPR card					
\$5000 Surety Bond (if you or your agent/online booking company accepts deposits, see below)					
United States Coast Guard Operator License (if operating a motorized boat in federally navigable or non-					
navigable waters) OR OSMB Motorized Passenger Boat Operator's Certification (MPBOC) (if operating a					
motorized boat only on Inland non-federally navigable waters).					
Annual non-refundable fee (OR Residents: \$150; out-of-state residents: see schedule on next page)					
Make checks payable to the Oregon State Marine Board (OSMB).					

Items to Note:

Liability Insurance

A Certificate of Liability Insurance of not less than \$500,000 combined single limit per occurrence, covering the Outfitter Guide and their employees for bodily injury or property damage, must be current and on file at the Marine Board. The certificate must match the name and business name(s) on the application, list the Marine Board as the certificate holder, list the operations (activities) covered, and if applicable, the types and number of boats used.

First Aid and CPR

A current certificate issued to the Outfitter Guide that meets the minimum standards set by the <u>American Red Cross</u> (Internet courses with no hands-on testing are not acceptable). Contact our office for a list of acceptable providers if you are unsure. A copy of a valid certificate for the Outfitter Guide must be always on file. The Outfitter Guide is responsible to make sure all employees carry valid First Aid/CPR certification.

Employees

The Outfitter Guide must provide the names, addresses, and dates of birth of all employees, agents, and parties of interest who physically provide or who directly assist in physically providing outfitting and guiding services. 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**. Prior to providing services, the Outfitter Guide must notify the Marine Board by submitting the last page of this application (or a similar format) by mail or email, noting any additions or deletions of employees.

US Coast Guard Operator License or Motorized Passenger Boat Operator's Certification

A valid USCG Merchant Mariner's Credential (MMC) must be carried by all Outfitter Guides or employees who operate a motorized boat in federally navigable waters of the United States. If operating a motorized boat on non-federally navigable waters, the operator must have either a MMC or an OSMB Motorized Passenger Boat Operator's Certification (MPBOC). Copies of these certifications must be submitted or already on file. See our website for the information regarding applying for the MPBOC.

NOTE: Please submit proof of current random drug screening consortium participation with your application.

Surety Bond

A Surety Bond in the amount of \$5,000 naming the Oregon State Marine Board must be submitted for any Outfitter Guide or their agent that accepts deposits of more than \$100 per person. An agent may be a broker, representative or booking company or website that may accept money on your behalf. A deposit is any money accepted in advance.

Secretary of State Business Registry

In Oregon, if you conduct your guiding service under a business name, and your business name does not include your first, middle initial <u>and</u> last names, you must annually register the business name with the Oregon Secretary of State's Business Registry. For more information or to register, go to: <u>sos.oregon.gov/business</u>

Rev. 10/23



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Oregon Resident Fee - \$150 annually - Make checks payable to OSMB

Non-Resident Fees:

Arizona: \$300, Hunting and Fishing; \$150 Other Services

California: \$618 Hunting and Fishing; \$150 Other Services

Nevada: \$250, Hunting, Fishing, \$150 Other Services

Washington: Fishing: \$2575 - Below Longview Bridge, \$1490 - Above Longview, \$760 - Sole State Water;

Washington - All Other Services:\$150

All Other States Not Listed: \$150 Any Service

2024 Oregon Outfitter Guide Application							
Are you a resident of Oregon? ☐Yes ☐ No If "No", see Non-Resident Fee Schedule Above							
Applicant Name: First: (Print FULL LEGAL NAME)		MI: L	_ast:			Suffix: (Jr. etc.)	
Mailing Address:				City	State	ZIP	
Physical Address:				City	State	ZIP	
Email:				Phone:	•	,	
Website:				Alternate Phone:			
Date of Birth: (mm/dd/yyyy)	Driver's License #			's License of Issuance:	Last 4 Digits Social Secur		
Business Name(s): Make sure	your business name is	registered v	with the O	regon Secretary of	State's Registry.		
I am an: Owner Employ Employees must list employer nar				an Oregon Outfittel lumber of years of 0		Yes No	
Assumed Business Name(s): (ABN or dba)							
Corporation/Partnership/Other Bu (INC, LLC, LLP, etc)	siness Name:						
Liability Insurance Informati	on: (an updated copy	y must be s	submitted	or already on file	e with the OSME	3)	
Insurance Agent / Company Nam	e:		Policy I	Number:	Expiration	on Date:	
Guided Activities and/or Boats Co	overed:						
Insurance Provider Address/City/State/Zip: Insurance Provider Phone:							
Surety Bond: \$5000 Surety Bond is required if you or your agent accept any money over \$100/pp in advance of service. Do you or your agent accept deposits of more than \$100? □ No □ Yes (If yes, a bond must be on file w/ OSMB)							
First Aid & CPR: Enter the expiration dates and <u>provide a photocopy</u> of the certificate(s). Courses must be American Red Cross equivalent and CPR courses <u>must include hands-on testing</u> .							
Applicant First Aid Exp. Date (mm/dd/yyyy)	Applicant First Aid Exp. Date: CPR Exp. Date: (mm/dd/yyyy) (mm/dd/yyyy)						

Outfitter Guide services that you provide: (Services should match those that are covered by your liability insurance and permits)									
 □ Fishing □ Hunting □ Back Country □ Bicycling □ Bird Watching □ Canoe/Kayak/Paddle Craft □ Dune Buggy/ ATV □ Equestrian Rides 		 Nature/Eco Hikes Outdoor Youth Program – requires DHS registration Photography Rock Climbing Scenic Tours White Water Rafting Wilderness Adventures Other 							
	Service Areas (ALL GUIDES): Please mark the areas where you conduct your guiding services. This is for informational/statistical use only and is not a restriction.								
Coos-Coquille Deschutes John Day Klamath La Grande Lower Columbia River Mid-Coast Mid-Columbia Mid-Willamette North Coast NWWD - Coast Range NWWD - Cascade Unit Pacific Ocean South Coast Southeast Umatilla Umpqua Upper Rogue Upper Willamette Wallowa	Pacific Ocean Wid-Coast Banto LAN DOUGLAS	MARTION SILERMAN GILLIAM MORROW UNION MIC Cascade Unit WASCO MID UNION MARTION SILERMAN GILLIAM MORROW MID Cascade Unit WASCO MID WILEELER MARTION JEFFERSON Descriptes MID WILEELER MARTIN GRANT MARTIN G	Wallowa WALLOWA PARKER						
Do you provide the equipment necessary for the guided activity?: ☐ Yes ☐ No									
Special Use Recreational Permits: (use additional page if needed; supply a copy of the permit summary sheet) If you are applying for a permit that has not yet been granted, list permit number as "Applied For".									
US Forest Name or BLM District Name	Permit No.	Activity & Area(s) of Operation	Expiration Date						

Non-Motorized Boats may not be registered to Guide decals on non-moto separately. There is no di	ooats. <u>No moto</u> orized boats are	or of any ki NOT proof	nd may be of Waterwa	used with y Access p	these boats whi	<u>le guiding</u> ourchase y]. our V	Vaterway A	ccess permits
Please list the non-	Boat Types			Number	Registration # (OR#, WN# etc. if applicable)		# Needed for Each Type		
motorized boats that are actively operated				of Boats			Tyvek Tags		Decals (set of 2)
by guides.	Canoe							n/a	
Rentals: If you have	Drift Boat							n/a	
boats available for rental	1 7								
other than guiding, <u>do not</u> declare them here.	Raft								n/a
Do you rent boats?	Standup Paddle	e Board							n/a
☐ Yes ☐ No	Sailboard								n/a
	Other (describe	·):							
<u>Motorized Boats:</u> List the motorized boats that you use in providing your guiding services. List the state registration number (OR#, WN#, etc.) or Documented number. To operate these boats, you must have a USCG Merchant Mariner Credential <u>or</u> OSMB's MPBOC. <u>Do not</u> list a boat that has been declared as a guide boat by another Outfitter Guide.									
State or Documented Vessel #	# of Passengers		boat operate _I view Bridge		State or Documented # of Vessel # Passeng				boat operate gview Bridge?
		☐ Yes	□ No					☐ Yes	□ No
	☐ Yes ☐ No							☐ Yes	□ No
Motorized Boat Operator Credentials: If you operate a motorized boat carrying passengers for hire in your guiding business, then you must have either A. USCG Merchant Mariner Credential (for navigable waters of the US) or B. OSMB's Motorized Passenger Boat Operator's Certification (for Inland non-navigable water only). A. USCG Merchant Mariner Credential (MMC):									
Provide a photocopy	of <u>both</u> the iden	- Ti		s AND a c	opy of your drug	consortiu	m en	rollment	
□ Operator□ Master									
B. OSMB Motorized Passenger Boat Operator's Certification (MPBOC): provide copies of the items below. Do not fill this section out if you have a USCG MMC.									
 Knowledge Test Certificate (if file copy is expired) Health Screening Certificate (if file copy is expired) Drug Consortium Enrollment and current Drug Screen Expiration Date:									
GUIDES OPERATING ON WHITE WATER SPECIAL TRAINING and EXPERIENCE REQUIREMENT for Class III and Higher Rivers ORS Chapter 704.070 Requirements for safety equipment, experience, and training. (1) A person who acts or offers to act as an outfitter and guide using boats to carry passengers on the waters of this state shall:									

- (a) Equip each non-motorized boat that is under the direct operation of an outfitter and guide or an employee of an outfitter and guide to carry passengers on waters rated as class III or higher on a commonly accepted scale of river difficulty with a rescue throw bag, complete with a length of artificial fiber rope and a buoyant bag;
- (b) On any section of waters rated as class III or higher on a commonly accepted scale of river difficulty, require that all persons physically providing outfitting and guiding services and all passengers wear a properly secured United States Coast Guard approved personal flotation device of a type prescribed by rules adopted by the State Marine Board.
- (c) If the outfitter and guide operates non-motorized boats carrying passengers on any section of the waters rated as Class III or higher on a commonly accepted scale of river difficulty, require that all persons physically providing outfitter and guiding services meet the following requirements:
 - A. Prior to providing the services, have completed at least one trip on that section of water in a non-motorized boat; and
 - B. Have been trained in:
 - ✓ Equipment preparation and boat rigging.
 - Understanding and recognizing river characteristics and hazards.
 - ✓ Methods of scouting rapids.
 - Methods of physically guiding boats through rapids.
- ✓ Proper client communication.
- ✓ How to provide paddling and safety instruction.
- Methods of river rescue techniques, including emergency procedures and equipment recovery.

Outf	itter	Guide and Em	ployee Background: Responses can h	nave lega	al co	nsequences, <u>p</u>	lease veri	fy before submitting.			
<u>Yes</u>	<u>No</u>	In the last 24 months have <u>you</u> or <u>an employee</u> (those without their own guide license) been convicted of:									
		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)?									
		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?									
		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)?									
		Any crime involv 475.005?	ring delivery, manufacture or possession	of a co	ontro	olled substanc	ce, as def	ined in ORS			
		Been denied the an agency of the	right to apply for an outfitting and guide e United States?	license	e, pe	ermit or certific	cate by a	nother state or by			
			tfitting and guide license, permit or certif oked, or cancelled by another state or by					r license			
Yes	No	Have <u>you</u> or <u>an</u>	employee EVER been convicted of:								
			ult of which prohibits the person from po	ssessin	ıg a	firearm?					
		A crime, the resi 181.808, or 181.	ult of which requires the person to be reo 809?	gistered	las	a sex offende	er on ORS	S 181.806. 181.807,			
		s are marked "'	Yes", attach an additional page and e								
agen	cy or	court, and out	come or scheduled court date. Includ	e copie	es o	f any applica	ible docu	umentation.			
assist Guide operat	s in p . <u>Thos</u> tion o	hysically providing employees of find a watercraft use	al who, in exchange for compensation or g outfitting and guiding services under the shing guides, who conduct, lead or assise d for angling activities must be individual that a current list with the OSMB of all emples.	ne direc t in ang ly regis	tion ling tere	, supervision a activities, or o d as Outfitter (and controperate of Guides.	ol of an Outfitter r assist in the			
	Full L	egal Name	Address, City, State, Zip				of Birth dd/yyyy)	Class III or Higher Experience & Training			
								□ Yes □ Trainee			
								□ Yes □ Trainee			
								□ Yes □ Trainee			
								□ Yes □ Trainee			
	Age	nt Name	Agent Website		Ag	ent Ph#		Agent Email			
I hereby swear that all information provided on this application is true and correct. 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 and that each of these individuals operating a motorized boat on federally navigable waters possess a valid U.S. Coast Guard operator's license or OSMB MPBOC for non-federally navigable waters. I certify that all boats used on any section of waters rated as Class III and higher are equipped according to ORS Chapter 704. I certify each of my employees and I have read and understand the Outfitter Guide Ethical and Professional Standards in OAR Chapter 250. I further certify that I will maintain the required first aid/cpr certification and insurance in full force and effect for the entire period of my Outfitter Guide registration.											
APPLIC	CANT S	SIGNATURE:		D.A	ATE:			_			
APPLIC	ANT I	NAME (Printed):				Please send m	e a digital g	guide card.			