WHITEWATER GUIDE TRAINING LOG

Department of Inland Fisheries and Wildlife
Licensing Division
Sta. 41, 284 State Street
Augusta, Maine 04333 0041

☐ LEVEL I

☐ LEVEL II

Moses #_____

Name: _____DOB:_____Tel:_____

Address: _____

Outfitter Providing Training:_____

Training Record

Date	Training	Comments	Trainer Signature

BY AFFIXING YOUR SIGNATURE BELOW, YOU:

Certify that you understand that any false statements made in this training log or any documents you made a part thereof may result in denial of or revocation of your guide's license or criminal prosecution.
We attest that the information obtained on this log is true and accurate. As outfitter, I further attest that to the best of my knowledge, the candidate is qualified to be a licensed whitewater guide in the state of Maine.

Guide Candidate _____**Outfitter**_____

Date_____

Date	Training	Comments	Trainer Signature