



Maine Department of Inland Fisheries and Wildlife
353 Water Street, 41 SHS, Augusta, ME 04333
Phone 207-287-5232 / Fax 207-287-9037

WHITEWATER GUIDE LICENSE RENEWAL APPLICATION

In accordance with the provisions of the Revised Statutes, Title 12, Section 12909.

3-Year Renewal License Fee \$89.00: _____ Level I Renewal: _____ Level II Renewal: _____ Moses ID Number: _____

Name: _____ DOB: _____
First Last MI

Gender: _____ Eyes: _____ Height: _____ Hair: _____ Weight: _____ Social Security #: _____

Physical Address: _____
Street or Road City or Town State Zip Code

Mailing Address: _____
Street or Box # City or Town State Zip Code

Driver's License Number: _____ Driver's License State: _____

Email Address: _____ Phone Number: _____
Required

RENEWAL APPLICANTS: (A) Answer questions 1. (B) Submit proof of current C.P.R. and first aid certification, in American Red Cross, National Safety Council standard first aid and C.P.R. or equivalent. (B) Sign and date at the bottom of the document. (C) Submit application and license fee of \$89.00 for the renewal.

Submit application and payment: Department of Inland Fisheries and Wildlife, Licensing Division, attention: **Billie-Jo Walker**, 353 Water Street, Augusta, ME 04333, or email application, proof of C.P.R. and first aid with card payment to Billie-Jo Walker at Billie-Jo.Walker@maine.gov. Would you like license mailed: _____ or emailed as PDF document: _____

1. Have you been convicted of guiding without a license in this state or another state or province?
 Yes: ___ No: ___ If yes, please explain:

BY AFFIXING YOUR SIGNATURE BELOW, YOU:

A. Certify that all statements made hereon, and any documents provided are true and accurate. Understand that any false statement made in this application or in any documents provided may result in denial, suspension or revocation of your whitewater guide's license, and possible criminal prosecution.

Signature: _____ Date: _____

Renewal Applicant

Make Check payable to: Treasurer, State of Maine

CREDIT CARD PAYMENT	
All Major Credit Cards Accepted	
Name on Card: _____	
Card #: _____ - _____ - _____ - _____	
Expiration Date: ___ / ___	Code: _____