

Maine Department of Inland Fisheries and Wildlife 353 Water Street, 41 SHS, Augusta, ME 04333 Phone 207-287-8000 / Fax 207-287-9037

YOUTH CAMP TRIP LEADER PERMIT APPLICATION

In accord	ance with the provisions of the Rev	rised States, Title 12, Sec	ction 12860		
New Application \$20.00 Renewal Applicant \$15		Guide No Fee	Last Yea	ır Licensed:	
Name:			Date of Birt	h: /	/
First	Last	MI			
Permanent Address:					
Street/Road or Bo	x #	City or Town		State	Zip Code
Email Address:		Phone	Number: ()	
Gender: Height:	Weight: Hair Color:	Eye Color:	MOSES	ID:	
Driver's License State: Dri	ver's License Number				
Applicant's Sponsoring Camp II	nformation:				
Camp Name:		DHHS EST ID Number			
Mailing Address:					
Street/Road or Box #		City or Town		State	Zip Code
Camp Email Address:		Camp Phone Number () -			_
Applicant Signature	Date	Camp Director/Camp Sponsor Signature Date		Date	
New Applicants Camp Trip Leade	r Safety Course Verification:	(Completed by Ir	structor)	Pass 🗌	Fail□
Course Location & Address:	•		-		_
structor Name:					
The candidate has met the requirement written exam, administered by	uirements under Chapter 23	.01 for the Camp Tr			
		Instructor Signature	······································	Date	
AIL APPLICATION AND DOCUMENTS, WITH		CREDIT CARD PAYMENT			
HE APPROPRIATE FEE:		All Major Credit Cards Accepted			
Make check payable to: Treasurer, Sta	te of Maine Name on C	Card:			_
Department of Inland Fisheries and	Wildlife Card #:				_
icensing Division - CTL	Expiration	Date:/	Code:		_
353 Water Street, SHS 41 Augusta, ME 04333	Billing Add	ress:			

Revised 4/8/2024