



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

CAMP TRIP LEADER SAFETY COURSE INSTRUCTOR APPLICATION

In accordance with Department Rules under Chapter 23.01 (I) (J)

___ New Application ___ Renewal Application Last Year Licensed: _____ MOSES ID: _____

Name: _____ Date of Birth: ___/___/___
First Last MI

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

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

Email Address: _____ Phone Number: (____) ____ - _____

Gender: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

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

Camp Name: _____ Camp DHHS EST ID Number: _____

Camp Email Address: _____ Camp Phone Number: (____) ____ - _____

Current Maine Camp Trip Leader Permit Number: _____
Required

I, _____, have met the requirements under Chapter 23.01 (I) (J) governing the
Applicant Name - Printed

Camp Trip Leader Instructor qualifications.

 Applicant Signature

 Date

 Camp Director/Camp Sponsor Signature

 Date

MAIL APPLICATION:

Department of Inland Fisheries and Wildlife
Licensing Division - CTL
 353 Water Street, SHS 41
 Augusta, ME 04333