



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

APPLICATION FOR EDUCATIONAL TRIP LEADER PERMIT

In accordance with the provisions of the Revised States, Title 12, Section 12863 and Department Rule, Chapter 28.

New Applicant \$20.00 (5 year) Renewal Applicant \$20.00 (5 year)

NOTE: If an ETL Permit has been expired for 3-years or more, the applicant must apply as a new applicant.

Applicant Information:

Name: _____ DOB: _____
First Last MI

Gender: _____ Eyes: _____ Height: _____ Weight: _____ MOSES ID: _____

Mailing Address: _____
Street or PO Town State ZIP

Physical Address: _____
Street or Road Town State ZIP

Email: _____ Phone: _____

Educational Institution or School District Information:

Institution/District Name: _____

Mailing Address: _____
Street or PO Town State ZIP

Physical Address: _____
Street or Road Town State ZIP

I, _____, swear and affirm that the information above is accurate and
Applicant Name Printed

true. I swear and affirm that I have met the minimum qualifications set in department rule, Chapter 28, subchapter 28.08, section 1, to be permitted as an Educational Trip Leader. I understand that making any false statements on this document is a class D crime pursuant to MRSA, Title 17-A, Section 453.

 Applicant Signature

 Date

(Applicant, stop here. Follow instructions on second page – ETL Administrator and ETL Instructor complete second page)



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To be completed by the Educational Trip Leader Administrator: (Must be completed and attached to application)

Administrator's Name: _____
First Last MI

Email: _____ Phone: _____

I, _____, administrator of _____
Administrator Name Printed Name of Educational Institution or School District

swear and affirm that _____ has met the minimum qualifications and training
Applicant Listed on Previous Page

set in department rule, Chapter 28, subchapter 28.08, section 1, to be permitted as an Educational Trip Leader. I understand that making any false statements on this document is a class D crime pursuant to MRSA, Title 17-A, Section 453.

Administrator Signature

Date

To be completed by the Educational Trip Leader Instructor:

ETL Instructor's Name: _____
First Last MI

Email: _____ Phone: _____

I, _____, ETL Instructor of _____
ETL Instructor Name Printed Name of Educational Institution or School District

swear and affirm that _____ has met the minimum qualifications and training
Applicant Listed on Previous Page

set in department rule, Chapter 28, subchapter 28.08, section 1, to be permitted as an Educational Trip Leader. I understand that making any false statements on this document is a class D crime pursuant to MRSA, Title 17-A, Section 453.

ETL Instructor Signature

Date

Applicant Instructions:

SEND APPLICATION WITH THE APPROPRIATE FEE:
(Make check payable to: Treasurer, State of Maine)

Department of Inland Fisheries and Wildlife
Licensing Division (ETL)
 353 Water Street, SHS 41
 Augusta, ME 04333

CREDIT CARD PAYMENT	
All Major Credit Cards Accepted	
Name on Card:	_____
Card #:	_____
Expiration Date: ____ / ____	Code: _____
Billing Address:	_____
