MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE
284 State Street, 41 SHS Augusta, ME 04333
Phone 207-287-8000 / Fax 207-287-8094

WHITEWATER GUIDE TRAINING LOG

Level I License: _____ Level II License: _____ MOSES ID#: _____ Phone: _____

Name: _____ DOB: _____
First Last MI

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

Email 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 an 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 Signature: _____ Date: _____

Outfitter Signature: _____ Date: _____

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Date	Training	Comments	Trainer Signature