

MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

284 State Street, 41 SHS Augusta, ME 04333

Phone 207-287-8000 / Fax 207-287-8094

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: _____ DOB: _____
First Last MI

Gender: _____ Eyes: _____ Height: _____ Hair: _____ Weight: _____ Social Security or Federal ID #: _____
Required if US Citizen

Mailing Address: _____
Street/Road/ P.O. Box City or Town State Zip Code

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

Applicant Email Address: _____ Phone Number: _____

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

Camp Name: _____ Camp DHHS EST ID Number: _____
Required

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

Camp Email Address: _____ Camp Phone Number: _____

Current Maine Camp Trip Leader Permit Number: _____

Required

I _____ has met the requirements under Chapter 23.01 (I) (J) governing the Camp
Applicant

Trip Leader Instructor qualifications.

Signature of Applicant: _____ Date: _____

Signature of Camp Director/Camp Sponsor: _____ Date: _____

Send Application:

Inland Fisheries and Wildlife
Licensing Division
284 State Street, 41 SHS
Augusta, ME 04333