



MARYLAND DEPARTMENT OF NATURAL RESOURCES
WILDLIFE AND HERITAGE SERVICE

APPLICATION FOR WATERFOWL OUTFITTER LICENSE

INSTRUCTIONS

- A. THIS IS AN APPLICATION FOR A WILDLIFE LICENSE. COMPLETE ALL THE INFORMATION IN PARTS 1-17.
- B. RETURN WITH FEE TO PERMITS COORDINATOR, WILDLIFE AND HERITAGE SERVICE, 580 TAYLOR AVE., E-1, ANNAPOLIS MD 21401. MAKE CHECKS PAYABLE TO THE "DEPARTMENT OF NATURAL RESOURCES."

CURRENT INFORMATION

1. NAME

2. NAME OF BUSINESS (IF APPLICABLE)

3. STREET

4. CITY/STATE/ZIP

5. COUNTY

6. E-MAIL ADDRESS

7. WEBSITE LINK

8. PHONE - HOME

9. PHONE - WORK

PHONE - CELL

10. DATE OF BIRTH

11. NAME AND TITLE OF PRINCIPAL OFFICER (IF #2 IS A BUSINESS)

12. APPLICANT'S SOCIAL SECURITY OR BUSINESS FEDERAL TAX ID

13. NEW LICENSE WILL EXPIRE ON JULY 31ST FOLLOWING THE DATE OF ISSUANCE.

FEE: \$300.00

14. COMPLETE THE FOLLOWING:

IF YOU AGREE TO HAVE YOUR NAME, ADDRESS AND TELEPHONE NUMBER RELEASED BY THE DEPARTMENT TO INDIVIDUALS REQUESTING SUCH INFORMATION OR TO APPEAR ON THE DEPARTMENT'S LIST OF WATERFOWL OUTFITTERS PLEASE CHECK _____ YES OR _____ NO.

15. CHECK ONE OF THE FOLLOWING TO COMPLY WITH MARYLAND'S WORKMEN COMPENSATION ACT (ARTICLE 1-401).

I AM:

____ SUPPLYING DNR WITH A CERTIFICATE OF INSURANCE.

____ SUPPLYING DEPARTMENT WITH INSURANCE BINDER NUMBER _____

____ SELF-EMPLOYED OR EMPLOY ONLY FAMILY MEMBERS, AND THEREFORE I AM NOT REQUIRED TO COMPLY WITH THIS LAW.

16. A PERSON APPLYING FOR A WATERFOWL OUTFITTER LICENSE MUST HAVE BEEN: A) PREVIOUSLY LICENSED BY THE WILDLIFE AND HERITAGE SERVICE AS A MASTER HUNTING GUIDE PRIOR TO APRIL 11, 2005.

YEAR YOU WERE LAST LICENSED AS A MASTER HUNTING GUIDE: _____
MASTER HUNTING GUIDE LICENSE NUMBER: _____

OR B) LICENSED BY THE SERVICE AS A WATERFOWL HUNTING GUIDE, FOR TWO SEASONS, AND EMPLOYED BY A LICENSED WATERFOWL OUTFITTER AS A WATERFOWL HUNTING GUIDE.

YEAR YOU WERE LAST LICENSED AS A WATERFOWL HUNTING GUIDE: _____
WATERFOWL HUNTING GUIDE LICENSE NUMBER: _____
NAME OF LICENSED WATERFOWL OUTFITTER FOR WHOM YOU WORKED _____

17. I HEREBY APPLY FOR THE ABOVE LICENSE AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF APPLICANT

DATE

QUESTIONS? CONTACT PERMITS COORDINATOR, WILDLIFE AND HERITAGE SERVICE, TAWES STATE OFFICE BLDG., E-1, ANNAPOLIS, MD 21401; (410) 260-8540