

**AFFIDAVIT**  
**In Support of Application for Oregon Outfitter and Guide Registration**  
(Type or Print all Entries Except your Signature)

**In the last 24 months have you or an employee been cited and/or convicted of:**

Any criminal offense or violation of the fish and wildlife laws (ORS 496, 497, 498, 501, 506, 508,509,511), Fire Prevention Laws (Chapter 477) or Outfitter/Guide laws (Chapter 704)? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

Any violation of the wildlife laws which occurred while acting as an outfitter and guide and which resulted in court ordered revocation of the hunting or fishing license of the outfitter and guide? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

Had an outfitting/guiding license, permit or certificate suspended, revoked, canceled by another state or by an agency of the United States? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

Denied the right to apply for an outfitting and guiding license, permit or certificate by another state or by an agency of the government of the United States? **Yes**\_\_\_\_\_ **No** \_\_\_\_\_

Had a Coast Guard vessel operator license revoked, suspended or canceled by the United States Coast Guard? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

Guiding without an outfitter/guide registration? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Comments: Please explain any "yes" answer to the questions above.**

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The following is a list of the employees, agents and parties of interest who will physically provide, or directly assist in physically providing, outfitting and guiding services in Oregon under my Oregon Outfitter and Guide Certificate of Registration. **Subcontractors (see definition ORS 670.600) must be registered as outfitter/guides. 250-016-0004 Employee Agent or Party of Interest** (1) Each outfitter/guide shall maintain a current record at the State Marine Board of all employees, agents, or parties of interest as denoted in ORS 704.020(1)(c). (2) Notice of additions or deletions shall be immediately provided to the Board by telephone, FAX, or written, dated communication. The notification shall include: (a) The outfitter/guide's name and address; and (b) The added or deleted individual's full name.

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|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

I hereby certify that each and all of these individuals possess a current standard first aid card issued to them by the American Red Cross, or a medical equivalent approved by the State Marine Board and that each of these individuals operating on federally navigable waters possess a valid Coast Guard operator's license. If I accept deposits in excess of \$100 per person, I will maintain a \$5,000 bond. Each of my employees and I meet the insurance requirements contained in ORS Chapter 704. I hereby certify that the information that I have provided to complete this form is true and correct.

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**Legal Signature of Applicant**

**Date**