



**Maine Department of Inland Fisheries and Wildlife**  
**353 Water Street, 41 SHS, Augusta, ME 04333**  
**Phone 207-287-5232 / Fax 207-287-9037**

**GUIDE LICENSE RENEWAL APPLICATION**

- 5-Year Guide Renewal
  - 5-Year Non-Resident Renewal
  - 5-Year Over 70 Resident Renewal
  - 5-Year Resident Disabled Veteran Renewal
- Moses ID: \_\_\_\_\_

If a guide license has been expired for 3-years or more, the applicant must apply and test as a new applicant

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Last MI

Gender: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Hair: \_\_\_\_\_ Weight: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street or Road City or Town State Zip Code

Mailing Address: \_\_\_\_\_  
Street/Road or Box # City or Town State Zip Code

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Required

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**Renewal Applicants (Resident & Non-Resident) complete application and sign.**

**RENEWAL APPLICANT** – Complete the application and sign where indicated. Submit completed application, and license fee to Inland Fisheries and Wildlife, Licensing Division, **Attention:** Billie-Jo Walker, 353 Water Street, Augusta, ME 04333 or email with card payment to [Billie-Jo.Walker@maine.gov](mailto:Billie-Jo.Walker@maine.gov). Current first aid is **not** required to renew a guide license.

- 5-year guide renewal fee is \$135.00
- 5-year non-resident guide renewal \$135.00
- 5-year resident guide over 70 renewal is free
- 5-year resident guide disabled veteran is free

As of November 1, 2017, all guide applicants must complete a background check. The Department will not accept a background check that is over 6 months old. To start the fingerprint process, visit <https://me.ibtfingerprint.com> or call 1-855-667-7422 and select "Schedule a New Appointment." Applicant then needs to select "Maine Inland Fisheries and Wildlife Guide License" and follow the instructions.

**Non-Resident only** will also need to print blank finger print cards to take to the appointment location, through <https://www.fbi.gov/file-repository/standard-fingerprint-form-fd-258-1.pdf/view>.

**Note:** Only applicants that have underlining issues with their background history will receive a letter from Bureau of Warden Service.



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**GUIDE LICENSE RENEWAL APPLICATION CONTINUED**

1. Have you been charged with or convicted of a fish and wildlife violation in Maine within the past 5-years?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
2. Have you been charged with a fish and wildlife violation in another state or province within past 5-years?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
3. Have you been convicted of a fish and wildlife violation in another state or province within past 5-years?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
4. Have you been charged with any felony?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
5. Have you been convicted of a felony?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
6. Have you been charged or convicted with any guide violation in this state or any other state or province?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

BY AFFIXING YOUR SIGNATURE BELOW, YOU:

- A. Certify that all statements made hereon, and any documents provided are true and accurate. Understand that any false statement made in this application or in any documents provided may result in denial, suspension or revocation of your guide’s license, and possible criminal prosecution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Renewal Applicant**

**SEND APPLICATION WITH THE APPROPRIATE FEE:**

Make check payable to: Treasurer, State of Maine

**Department of Inland Fisheries and Wildlife  
 Licensing Division**

353 Water Street, SHS 41

Augusta, ME 04333

[Billie-Jo.Walker@maine.gov](mailto:Billie-Jo.Walker@maine.gov)

**CREDIT CARD PAYMENT**

All Major Credit Cards Accepted

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_