



Maine Department of Inland Fisheries and Wildlife
353 Water Street, 41 SHS Augusta, ME 04333
Phone 207-287-8000 / Fax 207-287-9037

Waiver for Residents of New Brunswick or Quebec to Hunt without a Maine Guide

Applicant Information

Name: _____ Date of Birth: _____

Corporation Name (if applicable): _____

Phone Number: (____) _____ - _____ Email: _____

Mailing Address: _____

Physical Address: _____

Property Information

Town: _____ Number of Acres: _____

Page #: _____ Map #: _____ Lot #: _____ Are all property taxes paid to date? Yes or No

Is your land open for the public to hunt? Yes or No

Physical Address of Property: _____

The Department of Inland Fisheries and Wildlife requires those who reside in New Brunswick or Quebec and any of their family members who would like to hunt big game or wild turkey in the State of Maine, without being in the presence of a registered Maine guide, to complete this form. The Canadian border province resident must own or lease land in the State; must be current on their property taxes assessed for the land owned or leased in the State; and must keep their owned or leased property in the State open for hunting by the public. Each Canadian border province resident, regardless of age, must have this form completed if they wish to hunt without being in the presence of a registered Maine guide.

For the purpose of the paragraph above, "big game" means bear, deer and moose, "Canadian Border Province Resident" means a nonresident who is not a citizen of the United States and is a resident of the Canadian province of New Brunswick or Quebec and "Family Member" means a parent, spouse, daughter or son, or a grandchild who is less than 18 years of age.

This form must be fully completed to be valid. In addition to your hunting license, this form must be carried on your person throughout the hunting season(s) while hunting big game or wild turkey.

By signing this statement, the applicant verifies that the representations and facts herein are true. By making false statements on this document, I realize that I am committing a Class D crime, punishable by law under MRSA, Title 17-A, §453.

Signature of Applicant: _____ Date: _____

(Signature Required)

To protect this document from inclement weather conditions, this form may be laminated after it is complete or sealed in a plastic bag. This form may also be folded for the ease of concealment.