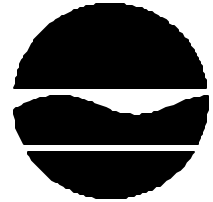


**New York State Department of Environmental Conservation  
Division of Forest Protection and Fire Management**

625 Broadway, 8<sup>th</sup> Floor, Albany, NY 12233-2560

**Phone:** (518) 402-8838 • **FAX:** (518) 402-8840

**Website:** [www.dec.ny.gov](http://www.dec.ny.gov)



Alexander B. Grannis  
Commissioner

Dear Licensed Guides and Guide Applicants:

Guides license examinations for 2008 have been scheduled for February 16, April 12, May 31, and September 13 at select DEC offices as listed on the attached examination location sheet.

On Saturday, March 15, 2008, the New York State Outdoor Guides Association (NYSOGA) will host an examination at their annual winter meeting. This year the meeting will be held March 13 through March 16 at the Hulbert House in Boonville, New York. Various training seminars as well as first aid, CPR and water safety certification courses will be offered at this meeting.

Those interested in taking the exam on March 15, must submit their application to this office by Tuesday, March 11. In addition, anyone interested in attending the certification classes must register directly with NYSOGA. For more information regarding the annual winter meeting, contact NYSOGA at 1-866-469-7642 or visit the website at [www.nysoga.com](http://www.nysoga.com).

All exams are scheduled to begin at 9:00 a.m., except for the March 15 exam which will begin at 2:00 p.m. Examinations are open to all new applicants or anyone who would like to add another category to their current guides license.

This New York State Guides Application packet includes:

1. NYS Licensed Guide Application
2. Social Security and Federal Taxpayer I.D. number information sheet
3. Examination location information sheet
4. Physician Statement
5. The Law, Rules and Regulations that govern outdoor guides

The minimum fee for one category is \$100 with an added fee of \$20 for each additional category. When applying to take the exam, a \$25 non-refundable application fee must be submitted, which is applied to the total cost of the license. Payment of the application/license fee must be in the form of **personal check or money orders only**; cash is not accepted. The remaining license fee is due at the time of licensing.

You must fill out the enclosed Licensed Guide Application form and return it to this office at the above address along with the \$25 non-refundable portion of the total license fee before you become eligible to take the examination(s). Checks must be made payable to NYSDEC. A \$20 dishonored check fee will be charged for all returned checks as per NYS Finance Law, Section 19.

Applications must be received at this office by the **TUESDAY** before the exam date. Once this process is complete, you will be notified as to when and where to take the examination(s). It will then be necessary for you to take and pass the examination(s) in the category(s) in which you wish to guide. In addition, you must provide all required documentation and the remaining licensing fee(s) to this office before your license to guide will be issued. Licenses are valid for a period of five years from date of issue.

Valid first aid, CPR and water safety certifications are required for all guiding categories. These certifications are not required when applying to take the exam, however, proof of current certification is needed before a guides license will be issued.

The examination location selection sheet must be filled out and returned with your application indicating where you would like to take the examination(s) and the date you wish to take the exam.

If you have any questions, please feel free to call Colleen Kayser at (518) 402-8838.

Sincerely,

Thomas J. Rinaldi, Director  
Forest Protection & Fire Management

Attachments



### NEW YORK STATE LICENSED GUIDE APPLICATION

1. Legal Residence Address:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

NYS County of Legal Residence: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

2. Guiding Business Name and Address: (If applicable)

Business Name: \_\_\_\_\_

Street: \_\_\_\_\_

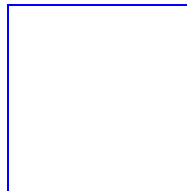
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Color of Hair: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Include a recent **full-face color** photo trimmed to fit this box one inch by one inch (1" x 1").  
**(No hats or sunglasses).**



4. Check categories of guiding activities being applied for:

Fishing	_____	Whitewater Rafting	_____	Tier I Rock	_____
Camping	_____	Whitewater Canoe	_____	Tier I Ice	_____
Hiking	_____	Whitewater Kayak	_____	Tier II Rock	_____
Hunting	_____			Tier II Ice	_____

5. Will you use boats or canoes in your guiding business? \_\_\_\_\_



6. The following **MUST** be submitted with this application.

- 6.1 Proof of Identity \_\_\_\_\_
- 6.2 Proof of Age \_\_\_\_\_
- 6.3 Proof of Legal Residence \_\_\_\_\_
- 6.4 Current **Colored** Photo \_\_\_\_\_
- 6.5 \$25 Application Fee (**check or money order**) \_\_\_\_\_

7. Check which of the following required documents and current certifications are enclosed:

- 7.1 American Red Cross Standard First Aid Certificate or Acceptable Equivalent \_\_\_\_\_
- 7.2 American Red Cross CPR Certificate or Acceptable Equivalent \_\_\_\_\_
- 7.3 American Red Cross Basic Water Safety Certificate or Acceptable Equivalent \_\_\_\_\_
- 7.4 Physician Statement \_\_\_\_\_  
**(Must be submitted on the Department form with the physician's ORIGINAL signature)**
- 7.5 NYS Hunting License (only if hunting activity is checked in Item 4) \_\_\_\_\_
- 7.6 NYS Fishing License (only if fishing activity is checked in Item 4) \_\_\_\_\_

(Both sides of cards and/or license)

I have attached a postal money order or check (cash not acceptable) for \$25 payable to the "Department of Environmental Conservation" representing the non-refundable portion of the total licensing fee and understand that it will be returned to me only if I am declared to be ineligible for licensing at this time or the application is not acceptable.

"I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN APPLICATION TO:**

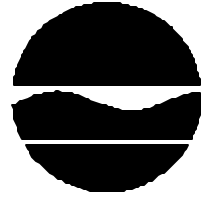
**NYS Environmental Conservation  
Attn: Colleen Kayser, Guide License Unit  
625 Broadway, 8<sup>th</sup> Floor  
Albany, NY 12233-256**

**New York State Department of Environmental Conservation  
Division of Forest Protection and Fire Management**

625 Broadway, 8<sup>th</sup> Floor, Albany, NY 12233-2560

**Phone:** (518) 402-8838 • **Fax:** (518) 402-8840

**Website:** www.dec.ny.gov



Alexander B. Grannis  
Commissioner

Dear Licensed Guide Applicant:

The New York State Tax Law requires us to obtain your federal taxpayer identification number, which is your Federal Employer Identification Number and/or Social Security Number. As provided by this law, we will transmit these numbers to the New York State Department of Taxation and Finance. The data you provide us will be kept confidential, it will not be made available to any other parties.

Please enter your social security number below. If you report your income for tax purposes as a business, also enter your Federal Employer Identification Number. If you are not providing either number, check the appropriate box. Sign and return this form.

Sincerely,

Thomas J. Rinaldi, Director  
Forest Protection & Fire Management

<b>Social Security Number</b>	<table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>				-			-				
			-			-						
<b>Federal Employer ID Number</b>	<table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			-								
		-										
<input type="checkbox"/> <b>A Federal Employer Identification Number has been applied for, but has not yet been received</b>												
<input type="checkbox"/> <b>Other, please explain.</b>												
<b>Name: (Type or Print)</b>	<b>Signature:</b>	<b>Date:</b>										

## Privacy Notification

The authority to request personal information from you, including identifying numbers such as Federal Social Security and Federal Employer Identification Numbers, and the authority to maintain such information is found in Section 5 of the New York State Tax Law. Disclosure of this information by you is mandatory. The principal purpose for which the information is collected is to enable the New York State Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purposes authorized by the Tax Law.

The information will be filed in the Confidential Federal Taxpayer Identification Number file. Maintenance of this file is under the jurisdiction of the Director of Fiscal Management, NYS Department of Environmental Conservation, 625 Broadway, Albany, NY 12233-5010.



### EXAMINATION LOCATION INFORMATION SHEET

1. Legal Residence Address

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City / State / Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Check the Categories of Guiding Activities Applied for:

Camping	_____	Whitewater	_____
Fishing	_____	Rock Climbing	_____
Hiking	_____	Ice Climbing	_____
Hunting	_____	Boats & Canoes	_____

3. Exam Dates for 2008 (circle one):

February 16    March 15 (NYSOGA Mtg.)    April 12  
May 31        September 13

4. Select Exam Location:

_____ Region 1 NYSDEC Regional Headquarters SUNY Stony Brook 50 Circle Drive Stony Brook, NY 11790-2356 (631)444-0354	_____ Region 6 NYSDEC Regional Sub-Office Route 812 (2 miles east of Lowville) Lowville, NY 13367 (315)376-3521
_____ Region 3 NYSDEC Regional Headquarters 21 South Putt Corners Road New Paltz, NY 12561 (845)256-3000	_____ Region 7 NYSDEC Regional Sub-Office 1285 Fisher Avenue Cortland, NY 13045-1090 (607)753-3095
_____ Region 4 NYSDEC Regional Headquarters 1150 North Westcott Road Schenectady, NY 12306 (518)357-2161	_____ Region 8 NYSDEC Regional Sub-Office 7291 Coon Road Bath, NY 14810-9728 (607)776-2165
_____ Region 5 NYSDEC Regional Headquarters 1115 NYS Rte. 86 Ray Brook, NY 12977 (518)897-1300	_____ Region 9 NYSDEC Regional Sub-Office 182 East Union Street, Suite 3 Allegany, NY 14706-1328 (716)372-0645
_____ NYSDEC Regional Sub-Office 232 Hudson Street Warrensburg, NY 12885 (518)623-1200	_____ March 15 NYSOGA Mtg. Hulbert House Boonville, NY (315) 942-4318

