

APPLICATION FOR A GUIDE LICENCE

NAME: _____

ADDRESS _____ ^{MB}
STREET/BOX NUMBER CITY/TOWN PROVINCE POSTAL CODE

HOW LONG AT THIS ADDRESS _____ **IF LESS THAN ONE YEAR - PREVIOUS ADDRESS**
 _____ ^{MB}
STREET/BOX NUMBER CITY/TOWN PROVINCE POSTAL CODE

TELEPHONE NUMBER _____ **DATE OF BIRTH** _____
(AREA CODE)-NUMBER YEAR MONTH DAY

HAVE YOU TAKEN GUIDE TRAINING? IF YES, WHAT YEAR, PLACE AND NAME OF COURSE
 NO YES _____

I HEREIN MAKE APPLICATION FOR A LICENCE TO GUIDE IN THE PROVINCE OF MANITOBA.

I CERTIFY THAT I HOLD A VALID HUNTER AND FIREARM SAFETY CERTIFICATE.

Certificate Number _____ Name Province, Territory State or Country Obtained: _____

I CERTIFY THAT I HOLD A VALID FIRST-AID CERTIFICATE.

Certificate Number _____ Name of Course Provider and Type of Course _____

I CERTIFY THAT I AM NOT CURRENTLY UNDER A SUSPENSION FROM HUNTING AS A RESULT OF A CONVICTION FOR AN OFFENCE UNDER THE WILDLIFE ACT, THE MIGRATORY BIRDS CONVENTION ACT OR THE MIGRATORY BIRDS REGULATION.

I CERTIFY THAT I AM A RESIDENT OF MANITOBA AND HAVE BEEN FOR THE ENTIRE YEAR PRECEDING THE DATE OF THIS APPLICATION.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER ON THE DATE OF THIS APPLICATION.

DATE _____ **SIGNATURE OF APPLICANT** _____
YEAR MONTH DAY

Note: This information is being collected under the authority of the *Wildlife Act* and will be used within the Guide Licensing Program to administer and regulate the program, as well as for statistical analysis. Selected contact information may be shared with perspective clients when requested. Your information is protected by the Protection of Privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact: Access and Privacy Co-ordinator, 200 Saulteaux Crescent, Winnipeg, Manitoba, R3J 3W3 (phone 945-4170)

FOR EXAMINER USE ONLY:

RECOMMENDED: _____ NOT RECOMMENDED _____ EXAM MARK _____

EXAMINER COMMENTS:

DATE: _____ **EXAMINER SIGNATURE** _____
YEAR MONTH DAY

EXAMINATION LOCATION _____ PRINT NAME _____
 (Give District Name or Name of Guiding Course Provider)

FOR OFFICE USE ONLY

LIC.#	M.R.O.:	DATE:	INITIALS:
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