



**APPLICATION  
SUBGUIDE'S LICENSE 2025**  
Minimum Age: 18

**License Fees:**      **Resident      \$125**  
   **Nonresident \$250**

**Application Processing Fee: \$50 (to be sent with  
application and nonrefundable)**

The nonrefundable application fee is only required of a person who was not licensed as a subguide the previous year.

Payment will be collected at the time of application approval. **DO NOT** send payment for license with application.

Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned.

\*\*\*\*\*Please allow 60 days for processing of your application\*\*\*\*\* (per NAC 504.666)

I hereby make application for: (Mark the appropriate box and then read and follow the instructions.)

☐ New application: Complete the entire applicant information block and all sections. Sign and date the application.

☐ Renewal: Complete the entire applicant information block and all sections. Sign and date the application.

**\*\*Any information left blank will result in the application being returned due as incomplete.**

<b>APPLICANT INFORMATION</b>		SSN:		DATE OF BIRTH:	
NAME [LAST]		[FIRST]		[MIDDLE]	
PHYSICAL ADDRESS:					
CITY:			STATE:		ZIP:
MAILING ADDRESS:					
CITY:			STATE:		ZIP:
HOME PHONE:		WORK PHONE:		E-MAIL ADDRESS:	
HEIGHT:	WEIGHT:		HAIR:	EYES:	GENDER:
DRIVER'S LICENSE NUMBER:			STATE:		DATE ISSUED:
OCCUPATION:			EMPLOYER:		
WORK ADDRESS:					

## **RESIDENCY DECLARATION**

\_\_\_\_ Resident – I lawfully attest that my principle and permanent residence has been located in the State of Nevada, and I have been physically present in the State of Nevada, except for temporary absences.

**Enter date of Residence (MM/YYYY)**

\_\_\_\_ Nonresident

## **MASTER GUIDE YOU WILL BE WORKING FOR**

1. If approved, the master guide(s) I will be working for is (are):

Master Guide Name	Master Guide Business Name:

2. The type and numbers of vehicles, vessels, animals, and other equipment and property to be used in the guiding operation. Complete the table below if you will be using your own equipment to guide. **\*\*Any information left blank will result in the application being returned as incomplete.**

☐ Check if you will be using Master Guide equipment.

Type	# Of Units	Registration/ License #	Year	Make	Model	Color
Trucks						
UTV / ATV						
Snowmobile						
Boats (*any use of a boat to service client)						
Saddle horses						
Pack Horses/ Mules						
Dogs						
Aircraft / Other						

\* Boating Safety Requirements: An applicant for a guide's license must provide proof of his United States Coast Guard License, if required for the body of water where the guiding is taking place. If a boat will be used to provide a service to a client and a United States Coast Guard License is not required, the applicant must provide proof that he has successfully obtained a minimum score of 80 percent on the boating safety examination.

**INSTRUCTIONS:** Check the appropriate box for each question. Explain or list each answer in the provided space. **DO NOT reference previous year's application as an answer. Do not list "On file" as an answer. WRITE N/A IF QUESTION DOES NOT APPLY. DO NOT LEAVE BLANK.**

3. Are you currently licensed as a guide (including outfitter) in another state, Canadian province or foreign country?

☐ YES  
☐ NO

Have you ever been licensed or permitted as a guide or outfitter in any state, Canadian province or foreign country?

☐ YES  
☐ NO

If YES to either of the above, list each applicable state, province or foreign country and the year licensed:

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4. How long have you been hunting or fishing for each species? (List by species)

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5. List each state and species you have hunted or fished for in any other state(s), Canadian province(s) or countries.

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6. Violation History: (There are six subsections in this part – a, b, c, d, e, f. Be sure to answer ALL six.) If there is more than one violation per subsection attach additional sheets with the required information. Failure to report any conviction will result in denial of your application. Convictions reported on previous applications must still be reported on this application.

NOTE: The term "conviction" means a final conviction. A forfeiture of bail or collateral or a plea bargain or a plea of nolo contendere is equivalent to a conviction.

- a. Have you ever been convicted of a felony? If YES, list ALL convictions below. Use additional paper if necessary.

☐ YES ☐ NO

Date convicted: \_\_\_\_\_ Where convicted: \_\_\_\_\_

Convicted of: \_\_\_\_\_

- b. Have you ever been convicted of having violated a regulation of the U.S. Forest Service Bureau of Land Management, U.S. Fish and Wildlife Service, National Park Service? If YES, list ALL convictions below. Use additional paper if necessary.

☐ YES ☐ NO

Date convicted: \_\_\_\_\_ Where convicted: \_\_\_\_\_

Convicted of: \_\_\_\_\_

- c. Have you ever been convicted of violating a provision of Nevada's wildlife or boating laws or regulations, or those of any other state or the federal government? If YES, list ALL convictions below. Use additional paper if necessary.

☐ YES ☐ NO

Date convicted: \_\_\_\_\_ Where convicted: \_\_\_\_\_

Convicted of: \_\_\_\_\_

- d. Have you been convicted of operating a motor vehicle or boat while under the influence of an intoxicating liquor or a controlled substance 2 or more times within the past 7 years, in any state or by the federal government? If YES, list ALL convictions below. Use additional paper if necessary.

☐ YES ☐ NO

Date convicted: \_\_\_\_\_ Where convicted: \_\_\_\_\_

Convicted of: \_\_\_\_\_

- e. Is your driver's license suspended or revoked in any state, province or foreign country as of the date that you signed this application?

☐ YES ☐ NO

Date convicted: \_\_\_\_\_ Where convicted: \_\_\_\_\_

Convicted of: \_\_\_\_\_

- f. Have you been convicted of violating controlled substance (drug/narcotic) laws in any state or by the federal government within the past 5 years? If YES, list ALL convictions below. Use additional paper if necessary.

☐ YES ☐ NO

Date convicted: \_\_\_\_\_ Where convicted: \_\_\_\_\_

Convicted of: \_\_\_\_\_

## **FIRST AID**

An applicant for a guide's license must provide proof of current certification in a Red Cross Standard First Aid course or an equivalent approved by the Department with his original application for a license and must maintain certification or license will be suspended. The applicant must submit proof with his/her application that this course meets or exceeds the requirements of the American Red Cross or American Heart Association. Applications submitted without current proof of first aid documents will be returned as incomplete. (DO NOT WRITE "ON FILE").

Have you enclosed a copy of your current First Aid certificate as described above. (Do not mark yes if you have not attached).

☐ YES

I, the signatory, in signing this application, hereby state that I am entitled to this license under the laws of the State of Nevada and that no false information or false statement has been made by me to obtain this license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Signature of all master guides you will be working for required.

\_\_\_\_\_  
Signature of 1<sup>st</sup> Master Guide

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Master Guide

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 3rd Master Guide

\_\_\_\_\_  
Date

**(Original Ink Signatures only)**

Submit this application and any necessary required documents to the below address. **DO NOT** send license fee until your application is approved.

If you are a new guide this year, please submit the application-processing fee of \$50 for new applications. New applicants must pass an examination related to hunting or fishing with a minimum score of 80% prior to submitting this application. New applications must also provide proof of completion in a course on the responsibilities of hunters (hunter safety).

Nevada Department of Wildlife  
6980 Sierra Center Parkway, Suite 120  
Reno, Nevada 89511  
Attn: Guide Program

**FOR DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_

Post marked date: \_\_\_\_\_

First Aid expiration: \_\_\_\_\_

Date returned for additional information: \_\_\_\_\_

Date received again after returned: \_\_\_\_\_

Post marked date: \_\_\_\_\_

Date approved: \_\_\_\_\_

Date denied: \_\_\_\_\_

Game Warden Supervisor: \_\_\_\_\_