

STATE OF IDAHO  
 OUTFITTERS AND GUIDES LICENSING BOARD  
 PO Box 83720, Boise, Idaho 83720-0064  
 Telephone (208) 327-7380 Fax (208) 488-7528 Enforcement (208) 488-7524  
 licensing@oglb.idaho.gov – www.oglb.idaho.gov

## FINANCIAL STATEMENT

**PLEASE TYPE OR PRINT ALL INFORMATION**

LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
ADDRESS		NUMBER AND STREET	CITY, STATE, ZIP CODE
HOME PHONE		BUSINESS PHONE	
EMPLOYER OR SELF-EMPLOYED		NUMBER OF YEARS	POSITION OR OCCUPATION
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single, Widowed, Divorced)			
<i>If you reside in Washington, Idaho, California or another community property state, please complete the following blocks concerning your spouse.</i>			
SPOUSE'S NAME		SPOUSE'S EMPLOYER	SALARY OR WAGES
SOURCE OF OTHER INCOME		AMOUNT OF OTHER INCOME	
Last filing IRS return? 20_____		Have you made your will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever taken bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Income taxes paid \$ _____		Has your spouse made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Judgments, suits or litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No

  

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<b>INCOME FOR YEAR</b>		<b>ANNUAL EXPENDITURES</b>	
Salary or wages:	\$_____.	Residence – Payment ( <input type="checkbox"/> Own <input type="checkbox"/> Rent )	\$_____.
Proprietorship/partnership draws:	\$_____.	Investment in real estate - Payments:	\$_____.
Commissions and bonus:	\$_____.	Rent or lease (other than residence) – Payments:	\$_____.
Dividends and interest:	\$_____.	Income taxes:	\$_____.
Rentals:	\$_____.	Property taxes:	\$_____.
Other (describe):	\$_____.	Alimony, child support or separate maintenance:	\$_____.
_____		Other (describe):	
_____		1. _____	\$_____.
_____		2. _____	\$_____.
_____		3. _____	\$_____.
_____		4. _____	\$_____.
<b>TOTAL NET INCOME:</b>	<b>\$_____.</b>	<b>TOTAL EXPENDITURES:</b>	<b>\$_____.</b>

The undersigned hereby declares and represents that he/she has read the foregoing Application, and that all statements made therein are complete and true to his/her knowledge. The Applicant authorizes the Outfitters & Guides Licensing Board to verify the information contained herein and to make such additional normal inquiries, as reasonably may be related to or associated with this Application, from credit bureaus and from employers, creditors, and references listed on this application.

Date \_\_\_\_\_

Signature of Applicant