

# Yellowstone Guide Eligibility Verification

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check one:  Guide  Owner/Manager Date of Birth: \_\_\_\_\_

Business: \_\_\_\_\_ Address: \_\_\_\_\_



I verify that I employ the above individual to guide commercial trips in Yellowstone National Park and that this person has completed the Commercial Outfitter Guide Certification.

Employer's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**In order to complete your Guide Training you must fill in, print, and mail a copy of this page to:**

**Central Backcountry Office**

**P.O. Box 168;**

**YNP, WY 82190**

*For NPS Use* Issued by: \_\_\_\_\_ Date: \_\_\_\_\_