



DNR USE ONLY
Lease Number

APPLICATION FOR USE OF STATE LAND FOR THE PURPOSE OF FISHING GUIDING

This information required under authority of Part 5, 1994 PA Act 451, MCL 324.501-511 and the Rules for the Regulation of State Lands, R299.921 – R299.932, as amended

Applicant: Please read thoroughly before completing application. Commercial Operating Agreements are written for a five (5) year period. Before an Agreement is executed, a current certificate of liability insurance, current inland pilot's license, and payment of fees is required. The certificate of liability insurance must list the **State of Michigan, its departments, boards, agencies, commissions, officers, and employees as additional insureds** and show a minimum policy amount of \$300,000. Use fees are due annually.

Fee Structure: (See formula below)	<ul style="list-style-type: none"> • \$50.00 Application Fee (one time) • \$50.00 Review Fee (one time) • \$100.00 Annual Use Fee Per Guide (due annually)
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_____	X	\$100	=	\$ _____	+	\$100	=	\$ _____
Number of Guides		Use Fee		Annual Use Fee		(\$50 Application & \$50 Review Fees)		Total Amount Due Now

Number of watercraft to be used: _____ **OR** Check Box if Walk-in and Wade Only

APPLICANT INFORMATION (TYPE OR PRINT)

Name of Applicant (Last, First, Middle Initial)	Drivers' License OR Sport Card Number
Telephone Number ()	Date of Birth
Business Name (if applicable)	Fax Number ()
Address	E-Mail
City, State, ZIP Code	Number of Guides Operating Under Lease

Proposed Waterbodies and Associated Boating Access Sites

Description of Proposed Type of Use (Attach additional information as needed to fully describe use activity)

APPLICANT CERTIFICATION

I certify that the information submitted herein, including all attachments, is accurate and complete and that I have read and understand and agree to abide by the requirements contained on all attachments, including liability insurance. I will pay the application, review and use fees. I understand that, if I have submitted a payment that is not the correct amount, an additional fee must be paid prior to completion of the Agreement. I also understand that all remaining fees for the Stated owned Land Use Agreement must be received by the Department before an executed Agreement will be issued.

Signature of Applicant _____ Date _____

Submit completed application, current certificate of liability insurance listing the State of Michigan as additional insured and showing the minimum policy amount of \$300,000, copy of current inland pilot's license, and check or money order made payable to "State of Michigan" to:

**ROSCOMMON CUSTOMER SERVICE CENTER
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
8717 NORTH ROSCOMMON ROAD
ROSCOMMON, MICHIGAN 48653
ATTN: LORI RUFF**