Apprentice Hunter Mentor Form

Mentor must carry this form with them while in the field.

Signature of Parent or Legal Guardian Authorizing Mentor:



APPRENTICE

A person 10 years of age or older who is awarded an apprentice hunting certificate may hunt in Montana when accompanied by a mentor but is NOT ELIGIBLE to:

obtain a special how and arrow license without first having completed a howhunter education course and be 12 years of age by Jan. 16 of

the following year. • obtain a resident hound training license for chasing		education course and be 12 y	reals of age by Jan. 10 of
participate in a hunting license or permit drawing v			
obtain any bighorn sheep, black bear, mountain lio			
obtain any bignorn sireep, black bear, mountain in obtain an elk license if under 15 years of age.	if of wolf license.		
Apprentice Information			
• •	F: N		
Last Name:			
Address:	•	State:	— Zip code: ———
Date of Birth:———— ALS	Number: ———		
MENTOR			
A mentor must be at least 21 years old a	nd meet all of the following	ng requirements:	
related to the apprentice or appointed by the apprehave completed hunter education; must have a cur sight of and direct voice contact with the apprentic physically prepared to safely and ethically hunt.	rrent Montana hunting license; ago ce hunter at all times while in the f	ree to supervise closely the a field; confirm that the apprer	pprentice and remain within tice is psychologically and
Violation of these terms by an apprentice hunter or n Mentor Information	mentor could result in the loss of	nunting privileges for up to (one full license season.
Last Name:	First Name:		MI:
Address:			
Date of Birth: Hunter Ed. Cer			
Mentor is: Related to the apprentice by blood, ad			
Designated as a mentor by the parent			
Not related to the apprentice 18 years			
I, the undersigned, confirm that the above named app in hunting activities. Furthermore, I acknowledge that apprentice mentor. In signing this form, I, the undersig Signature of Mentor:	t I have read and understand all of gned, swear or affirm that all of the	the above conditions requir	ed of me while acting as an
PARENT or LEGAL GUARDIAN and ASS This section is required if mentor is NOT related to the a Parent or Legal Guardian Information	apprentice by blood, adoption, or r	marriage.	
Last Name: Address: Date of Birth: Hunter Ed. Cert.	First Name:		_ MI:
Address:	City:	State:	_ Zip code:
Date of Birth: Hunter Ed. Cert.	#: ALS Number:	Phone number:	
Assignment to mentor I,, as the named mentor is capable and qualified to assist the nar apprentice.	e parent or legal guardian of the ab med apprentice and hereby grant i	pove named apprentice here my permission to him/her to	by affirm that the above accompany the named
арргениес.			