



# New York State Licensed Guide Memorandum

For more information on this license visit <https://www.dec.ny.gov/permits/30969.html>

For Office Use Only

License # \_\_\_\_\_

**STATUTORY AUTHORITY:** Environmental Conservation Law Section 11-0533 and Title 6 NYCRR Part 197.

TO: Physician  
FROM: New York State Department of Environmental Conservation  
SUBJECT: Guide License Applicant's Physical Ability

\_\_\_\_\_, being an applicant for a license to guide pursuant to Environmental Conservation Law, Section 11-0533 and Title 6 of the New York Codes, Rules, and Regulations, Part 197, is required to provide this Department with a statement of physical ability, signed by a Licensed Physician, Physician Assistant, or Certified Nurse Practitioner. The statement is intended to attest to the fact that the applicant has been found to be physically able to engage in the activities necessary to the holder of a license to guide.

If you find the applicant has a physical disability or condition which reasonably could affect the applicant's ability to carry out the responsibilities of a guide, your statement of physical ability should contain a caveat or recommendation for limiting the license scope. This should take the form of a restriction, similar to a restriction on a driver's license.

It is important to keep in mind that a condition which might pose a threat to the health and well-being of the guide also threatens the person(s) being guided. Should a guide become disabled, and unprepared, a dependent client might be left to fend for themselves in an unfamiliar and possibly hostile environment.

The above-named individual is applying for a license to guide among the following activities:

## GUIDE ACTIVITY DESCRIPTION

### Hunting, Fishing, Hiking, and Camping Guides

Guides in these four categories may escort parties through wildland areas which may include hilly or mountainous topography. They may walk long distances, up to fifteen miles per day, and carry substantial weight in a backpack. The weight carried will vary but may be as much as seventy-five lbs. Minimum physical requirements for these activities would be as follows:

Hunting, under most circumstances, will require the guide to walk several miles. An exception would be waterfowl hunting where a boat is used.

Fishing guides may limit their activities to bodies of water where they use boats and little or no walking or carrying is necessary. Others may guide to remote streams or ponds which requires walking long distances over rough terrain.

To carry out the responsibilities of a hiking or camping guide, the applicant should be generally free of any physical disability which would put the guide or a client being guided in jeopardy due to the exertion of climbing slopes, walking long distances, and carrying heavy loads. The exceptions to this would be if boats, canoes, or horses are used for transportation.

### Whitewater Canoeing/ Kayaking/ Rafting and Rock/ Ice Climbing

Applicants for these two activities engage in very hazardous and strenuous activities, with the potential for emergencies and life-threatening situations being relatively commonplace. Guides for both activities should be fit and capable of periods of great exertion. They must also be able to assist in rescue efforts which may include lifting, climbing, and carrying over very rough terrain.



# PHYSICIAN'S STATEMENT OF PHYSICAL ABILITY TO GUIDE

Name of Guide License Applicant \_\_\_\_\_

The aforementioned, being an applicant for a New York State License to Guide for the following activities (Physician Initial for each category being sought):

Fishing	<input type="checkbox"/>	Tier I Rock	<input type="checkbox"/>	Whitewater Rafting	<input type="checkbox"/>
Camping	<input type="checkbox"/>	Tier II Rock	<input type="checkbox"/>	Whitewater Canoe	<input type="checkbox"/>
Hiking	<input type="checkbox"/>	Tier I Ice	<input type="checkbox"/>	Whitewater Kayak	<input type="checkbox"/>
Hunting	<input type="checkbox"/>	Tier II Ice	<input type="checkbox"/>		

has been examined by me with the following results:

\_\_\_\_\_, is  is not  physically able to carry out all activities indicated above.

The applicant is physically unable to carry out all requested activities and is physically able to carry out only the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Physician (printed or typed)

\_\_\_\_\_  
Physician License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone

**\*NOTICE:** False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law