

Mail to:  
 Department of Natural Resources  
 Great Lakes Fishing Guide Reporting  
 110 S. Neenah Avenue  
 Sturgeon Bay, WI 54235

**Great Lakes Fishing Guide Application for Employer to Accept Responsibility for Required Reporting**  
 Form 3600-548 (11/2021)

**Notice:** Completion of this form is required for any application filed pursuant to section NR 20.65(2)(e), Wisconsin Administrative Code. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement purposes (including child support and tax delinquency enforcement) and other secondary purposes. The Department may also provide this information to requesters as required by Wisconsin's public records law [ss. 19.31-19.39, Wis. Stats.].

TO BE USED BY ISSUING AGENT
Date Received
Date Approved
Date Applicants Notified

**Instructions:** This form should be completed by an employer who has been issued a Wisconsin Guide License (s. 29.512, Wis. Stats.) and who is requesting approval to accept responsibility to report fishing guide activities on behalf of one or more licensed guides in its employ who operate in whole or in part on Great Lakes waters (Green Bay, Lake Michigan, Lake Superior, and most Great Lakes tributary streams/rivers) pursuant to NR 20.65, Wis. Admin. Code. This form does not constitute a guide report and may only be completed by employers who possess a Wisconsin Guide License (s. 29.512, Wis. Stats.). This form does not apply to reporting by Sport Trolling Licensees pursuant to s. 29.514(2), Wis. Stats.

**Section 1: What calendar/license year is this application for? (circle only one)**

2022    2023    2024    2025    2026    2027    2028

**Section 2: Employer Guide Information**

**(This is the person who will be reporting guided trips conducted by their employee guides)**

Individual Name of Employer Guide (First MI Last)		Date of Birth (Month/Day/Year)
DNR Customer #	Phone #	Email Address
Business Address		
City	State	Zip
My business operates under the name(s) of:		

**Section 3: Employee Guide Information**

Individual Name of Employee Guide (First MI Last)		Date of Birth (Month/Day/Year)
DNR Customer #	Phone #	Email Address

. . . **Section 3 . . . continued from previous page . . .**

Individual Name of Employee Guide (First MI Last)		Date of Birth (Month/Day/Year)
DNR Customer #	Phone #	Email Address

Individual Name of Employee Guide (First MI Last)		Date of Birth (Month/Day/Year)
DNR Customer #	Phone #	Email Address

Individual Name of Employee Guide (First MI Last)		Date of Birth (Month/Day/Year)
DNR Customer #	Phone #	Email Address

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**Section 4: Certification by Employer and Employee(s)**

**Employer:** I certify that I am authorized to make this application on behalf of the above-named employer and that the information provided in this application is true, complete, and accurate to the best of my knowledge. On behalf of said employer, I also certify and agree to all of the following. The employer has been issued a Wisconsin Guide License for the license year to which this application applies. By submitting this application, the employer elects to submit on behalf of each employee guide named in this application the reports otherwise required to be submitted by the employees pursuant to NR 20.65, Wis. Admin. Code, for the license year to which this application applies. The employer is responsible for the form, content and submission of the reports, and the information contained therein will be true, complete, and accurate to the best of the employer's knowledge. I/the employer understand a failure to submit such reports as required will render the named employee guides in violation of their Wisconsin Guide License. I/the employer understand that the employer's Wisconsin Guide License does not authorize any employee to engage in guiding without first obtaining his/her own Wisconsin Guide License.

Signature of Employer Guide: \_\_\_\_\_ Date Signed (Month/Day/Year): \_\_\_\_\_

**Employee(s):** By my signature on this form, I authorize my employer to complete and submit all reports required of me pursuant to section NR 20.65, Wis. Admin. Code, for the license year to which this application applies. I certify that I will provide true, complete, and accurate information to the best of my knowledge to my employer for all guide activities conducted in my capacity as employee within 24 hours after completion of each fishing trip for which reporting is required. I understand and agree that it is my responsibility to ensure that my employer receives such fishing trip information to fulfill the reporting requirements in sections NR 20.65 (2) and (3), Wis. Admin. Code, and that my failure to provide this information or my employer's failure to submit reports on my behalf will render me in violation of my Wisconsin Guide License. I understand that I remain responsible for the form, content, and submission of the report. I understand that I cannot engage in guiding without first obtaining a Wisconsin Guide License, even if my employer obtains a Wisconsin Guide License.

Signature of Employee Guide: \_\_\_\_\_ Date Signed (Month/Day/Year): \_\_\_\_\_

Signature of Employee Guide: \_\_\_\_\_ Date Signed (Month/Day/Year): \_\_\_\_\_

Signature of Employee Guide: \_\_\_\_\_ Date Signed (Month/Day/Year): \_\_\_\_\_

Signature of Employee Guide: \_\_\_\_\_ Date Signed (Month/Day/Year): \_\_\_\_\_