Maine Department of Inland Fisheries and Wildlife
353 Water Street, 41 SHS, Augusta, ME 04333
Phone 207-287-5261 / Fax 207-287-6395

AFFIDAVIT

I _____ of _____, ME
First Name Last Name MI City/Town

am _____of a bass fishing organization currently known as
Club Position Title

_____
Name of Bass Organization

I hereby certify that the bass fishing organization herein named is a bona fide independent bass fishing organization having a slate of officers as follows:

President: _____
First Name Last Name MI

Vice President: _____
First Name Last Name MI

Secretary: _____
First Name Last Name MI

Treasurer: _____
First Name Last Name MI

A list of members with contact information and indication of which members have participated in an aquatic invasive species training program within the last three years must be included with this form. At least four club members will be certified within the last three years by the date of the club's first tournament, and proof of those certifications will be provided to the Maine Department of Inland Fisheries & Wildlife prior to issuance of permits for 2027 tournaments.

I understand that the purpose of this affidavit is to certify eligibility for submitting an application to conduct bass tournaments on Maine inland waters and that obtaining a permit through misstatement, misrepresentation or fraud is a criminal violation under Title 12, §10757.

I certify that all the information given in this affidavit is true and accurate. I understand that the information I have provided in this affidavit may be checked for accuracy and that falsely completing this affidavit may result in court action against me.

Signature: _____ Date: _____/_____/_____
MM DD YYYY

State of Maine

_____, SS.
County

Subscribed and sworn before me this _____ day of _____, 20_____

Signature of Notary Public/Attorney:_____ My Commission Expires _____/_____/_____
MM DD YYYY

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CLUB ROSTER

Club Name: _____

Please list all members of your club below. Use as many pages as needed to complete.

Name: _____ Position:_____
First Last MI

Email Address: _____ Phone Number: (_____)_____-_____

Aquatic Invasive Species Inspector: ____ Yes ____ No Inspector Certification Issue Date: _____/_____/_____
MM DD YYYY

Name: _____ Position:_____
First Last MI

Email Address: _____ Phone Number: (_____)_____-_____

Aquatic Invasive Species Inspector: ____ Yes ____ No Inspector Certification Issue Date: _____/_____/_____
MM DD YYYY

Name: _____ Position:_____
First Last MI

Email Address: _____ Phone Number: (_____)_____-_____

Aquatic Invasive Species Inspector: ____ Yes ____ No Inspector Certification Issue Date: _____/_____/_____
MM DD YYYY

Name: _____ Position:_____
First Last MI

Email Address: _____ Phone Number: (_____)_____-_____

Aquatic Invasive Species Inspector: ____ Yes ____ No Inspector Certification Issue Date: _____/_____/_____
MM DD YYYY

Name: _____ Position:_____
First Last MI

Email Address: _____ Phone Number: (_____)_____-_____

Aquatic Invasive Species Inspector: ____ Yes ____ No Inspector Certification Issue Date: _____/_____/_____
MM DD YYYY