

# **Knight Guiding/Outfitting**

**P.O. Box 212  
Springerville, AZ 85938  
(928) 333-3600  
(928) 521-9897 mbl**

---

## Licensing Service Form

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Hunter Education # \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_  
Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

### **Contract for Application and Services**

I certify that the statements on this form are true and correct and hereby authorize any involved State Wildlife Department to make further inquiries to verify these statements. I understand the rules of eligibility for application for licenses and permits. I am eligible for the licenses and permits applied for, and I will not apply for the same hunts I have instructed Knight Guiding/Outfitting to apply for me. I further understand that once successfully drawn, I am bound to hunt with Knight Guiding/Outfitting and pay the current year's advertised guide fees. In contractual agreement with Knight Guiding/Outfitting.

### **Limited Power of Attorney with Durable Provision**

TO ALL PERSONS, be it known, that the above named applicant, (Grantor) does hereby make and grant limited power of attorney to Daric Knight and/or Knight Guiding/Outfitting, and does there upon constitute and appoint said individual as my attorney-in-fact and registered agent. My attorney-in-fact shall have limited powers and authority to do and undertake such acts as herein described on my behalf that I could do personally, with full power substitution and revocation.

Granted are the powers to execute such special hunt license applications, licenses, and endorsements of such license funds. My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he, his best discretion, deem advisable, and I affirm and ratify all acts so undertaken. This power-of-attorney shall be revoked by disability of the Grantor, and shall otherwise continue in full force and effect until revoked by subsequent writing.

\_\_\_\_\_  
Grantor

Date \_\_\_\_\_

\_\_\_\_\_  
Witness

Date \_\_\_\_\_

\_\_\_\_\_  
Daric Knight

\_\_\_\_\_  
Printed Name of Witness