

STATE OF ILLINOIS
DEPARTMENT OF NATURAL RESOURCES
APPLICATION - DESIGNATED DOG TRAINING AREA PERMIT
(Please Print or Type)

NAME OF APPLICANT _____

DATE _____

P.O. BOX NO.- RFD NO. -STREET ADDRESS, _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER (____) _____ WORK

(____) _____ RESIDENCE

LOCATION OF TRAINING
AREA: _____

(Distance and Direction from Nearest Town)

LEGAL DESCRIPTION OF TRAINING AREA (EXAMPLE: SE 1/4, NW 1/4, SEC. 10, R14N, T8W AND COUNTY):

NO. OF ACRES: _____
(50 ACRES MAXIMUM)

AMATEUR OR PROFESSIONAL: _____

DO YOU OWN THIS PROPERTY?

YES

NO

COMPLETE IF APPROPRIATE: THE APPLICANT HAS MY PERMISSION TO UTILIZE THE DESCRIBED
PROPERTY FOR DOG TRAINING PURPOSES.

SIGNATURE OF LANDOWNER: _____ DATE: _____

P.O. BOX NO.- RFD NO. -STREET ADDRESS, _____

CITY, STATE, ZIP _____

BREED(S) OF DOG(S) TRAINED: _____

SPECIES OF BIRD(S) UTILIZED: _____

IS A QUAIL CALL BACK DEVICE USED?

YES

NO

PLEASE LIST EITHER YOUR WILD GAME AND BIRD BREEDER PERMIT NUMBER OR GAME BREEDING AND
HUNTING PRESERVE AREA LICENSE NUMBER: _____

SIGNATURE OF APPLICANT: _____

PLEASE LIST ON THE BACK THE NAMES AND ADDRESSES OF ANYONE THAT HAS AUTHORIZATION TO USE THE
DESIGNATED DOG TRAINING AREA.

MAIL APPLICATION TO: ILLINOIS DEPARTMENT OF NATURAL RESOURCES
DIVISION OF LAND MANAGEMENT
ONE NATURAL RESOURCES WAY
SPRINGFIELD, ILLINOIS 62702-1271



The Dept. Of Natural Resources is requesting this information as outlined under the Wildlife Code, Chapter 520. Providing this information is required. Failure to provide any information will result in this form not being processed. This form has been approved by the State Forms Management Center.

Printed by authority of the State of Illinois. 500-12/96. The Dept. Of Natural Resources does not discriminate on the basis of race, color, sex, national origin, age or handicap in admission to, or treatment or employment in programs or activities in compliance with the Illinois Human Rights Act, the Illinois Constitution, the U.S. Civil Rights Act, Section 504 of the Rehabilitation Act, as amended, and the U.S. Constitution. The Equal Employment Opportunity Officer is responsible for compliance and may be reached at 217/782-7616.

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____

NAME: _____

ADDRESS: _____

CSZ: _____