



THIS AREA FOR OFFICE USE ONLY

RC-POH Permit Recertification (Property-Only Hunting) Illinois Resident

Please checkmark the box next to ALL Programs you wish to receive permits for, as well as the appropriate permit type.

<input type="checkbox"/> SPRING TURKEY DEADLINE TO APPLY - FEBRUARY 9 If this Program is selected, you are not eligible to apply in Spring Turkey Lottery 1.	<input type="checkbox"/> FALL TURKEY DEADLINE TO APPLY - SEPTEMBER 1 If B or C is selected, you are not eligible to apply in Fall Turkey Shotgun Lotteries 1 or 2.	<input type="checkbox"/> DEER DEADLINE TO APPLY - SEPTEMBER 1 If B or C is selected, you are not eligible to apply in Deer Firearm Lotteries 1 or 2.
A <input type="checkbox"/> ARCHERY B <input type="checkbox"/> SHOTGUN C <input type="checkbox"/> ARCHERY & SHOTGUN	A <input type="checkbox"/> 2 ARCHERY (1 ES & 1 AO) B <input type="checkbox"/> 2 FIREARM (1 ES & 1 AO) C <input type="checkbox"/> 2 ARCHERY (1 ES & 1 AO) and 2 FIREARM (1 ES & 1 AO)	

Please checkmark only ONE box below (immediate family members MUST reside on the same property as the Landowner/Tenant/Current Income Trust Beneficiary to be eligible to apply)

<input type="checkbox"/> I AM THE LANDOWNER OR I Am The: <input type="checkbox"/> SPOUSE of Landowner <input type="checkbox"/> CHILD of Landowner <input type="checkbox"/> PARENT of Landowner <input type="checkbox"/> BROTHER/SISTER of Landowner	<input type="checkbox"/> I AM THE TENANT OR I Am The: <input type="checkbox"/> SPOUSE of Tenant <input type="checkbox"/> CHILD of Tenant <input type="checkbox"/> PARENT of Tenant <input type="checkbox"/> BROTHER/SISTER of Tenant	<input type="checkbox"/> I AM A CURRENT INCOME BENEFICIARY OF A TRUST OR I Am The: <input type="checkbox"/> SPOUSE of Current Income Beneficiary <input type="checkbox"/> CHILD of Current Income Beneficiary <input type="checkbox"/> PARENT of Current Income Beneficiary <input type="checkbox"/> BROTHER/SISTER of Current Income Beneficiary	<input type="checkbox"/> I AM A: <input type="checkbox"/> SHAREHOLDER OF A CORPORATION <input type="checkbox"/> MEMBER OF A LIMITED LIABILITY COMPANY <input type="checkbox"/> PARTNER OF A PARTNERSHIP
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SOCIAL SECURITY NUMBER	AND	IDNR CUSTOMER # (on Hunting License above name)						
<input type="text"/>		<input type="text"/>						
LAST NAME	FIRST NAME	MIDDLE INITIAL						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
ADDRESS								
<input type="text"/>								
CITY	STATE	ZIP CODE						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
COUNTY OF RESIDENCE	DAYTIME TELEPHONE NUMBER							
<input type="text"/>	<input type="text"/>							
DATE OF BIRTH	EMAIL (Required):							
<table border="1" style="width: 100%;"> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	MONTH	DAY	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
MONTH	DAY	YEAR						
<input type="text"/>	<input type="text"/>	<input type="text"/>						

The land for which I was previously issued landowner permit is located in:	TAX PARCEL ID NUMBER	# OF ACRES
COUNTY <input type="text"/>	<input type="text"/>	<input type="text"/>

I, _____ certify no circumstances have changed that could affect my eligibility
 (applicant must sign their first and last name)

to receive landowner permits. I understand providing false information on this document is a Class A misdemeanor (see 520 ILCS 5/2.38). I understand that, if circumstances have changed or do change in the future that affect my eligibility for landowner permits, I have an obligation to notify the Department of the change and return any permits for which I am no longer eligible. Based on my attestation that I still qualify for landowner permits; I am requesting the permits marked as above. I also certify to the truth of all statements including but not limited to residency and ownership of the land described in this recertification form or original application. I further certify that the privileges applied for have not been suspended in this state, or by any other state or federal agency and that I am not delinquent on a child support order.

Mail recertification application to: ILLINOIS FREE RC-POH PERMIT One Natural Resources Way PO Box 19227 Springfield, IL 62794-9227	HABITAT STAMP: Before any person 18 years of age or older takes, attempts to take, or pursues any species of wildlife protected by the Wildlife Code, except migratory water-fowl, coots, and hand-reared birds on licensed game breeding and hunting pre-serve areas and state controlled pheasant hunting areas, he or she shall first obtain a State Habitat Stamp. Disabled veterans and former prisoners of war shall not be required to obtain State Habitat Stamps. Any person who obtained a Lifetime License before January 1, 1993, shall not be required to obtain a State Habitat Stamp. All resident landowners or tenants that do not reside on the property must possess a valid Hunting, Sportsmen's or Apprentice license, <i>unless exempt (520 ILCS 5/3.1).</i>
Additional copies of this form can be obtained from our home page www.dnr.illinois.gov	