## 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 NOSTREET ADDRESS,	CITY, STATE, ZIP
TELEPHONE NUMBER () WORK	()RESIDENCE
LOCATION OF TRAINING AREA:	
(Distance and Direction from No.	earest Town)
LEGAL DESCRIPTION OF TRAINING AREA (EXAMPLE:	SE 1/4, NW 1/4, SEC. 10, R14N, T8W AND COUNTY):
NO. OF ACRES: AMATEUR C	OR PROFESSIONAL:
(50 ACRES MAXIMUM)	<u></u>
DO YOU OWN THIS PROPERTY? YES	NO L
COMPLETE IF APPROPRIATE: THE APPLICANT HAS M PROPERTY FOR DOG TR	
SIGNATURE OF LANDOWNER:	DATE:
DO DOMNO DED NO GEDERA DEDEGG	
P.O. BOX NO RFD NOSTREET ADDRESS,	CHY, STATE, ZIP
BREED(S) OF DOG(S) TRAINED:	
SPECIES OF BIRD(S) UTILIZED:	
IS A QUAIL CALL BACK DEVICE USED? YES PLEASE LIST EITHER YOUR WILD GAME AND BIRD BR HUNTING PRESERVE AREA LICENSE NUMBER:	
SIGNATURE OF APPLICANT:	
PLEASE LIST ON THE BACK THE NAMES AND ADDRESS DESIGNATED DOG TRAINING AREA.	SSES OF ANYONE THAT HAS AUTHORIZATION TO US

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.

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DEPARTMENT OF

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