APPLICATION FOR DOG TRAINING GROUND PERMIT

State Form 45231 (R3/9-07)
Department of Natural Resources

DEPARTMENT OF NATURAL RESOURCES
Division of Fish and Wildlife
402 W. Washington Street, Room W273
Indianapolis, IN 46204-2781
Telephone: (317) 233-6527
Fax Number: (317) 232-8150

Instructions: *1. Please type or print information.*
2. Be sure to read all regulations.
3. All sections must be complete before submitting.
4. *Mail completed application to address shown at right.*

Please check one of the following:

- ❑ New Applicant (*A copy of the deed or lease must be attached to verify ownership*.)
- ❑ Renewal

Name of Applicant_____ Date_____
Last Name *First Name* *Mid. Initial*

Name of Club/Organization (*if applicable*)_____

Address (*Number and Street or Rural Route*)_____

City_____ State_____ ZIP Code_____

County_____ Telephone Number(_____)_____

Address of Dog Training Ground if not the same as residence:

_____

City_____ State_____ ZIP Code_____

County_____ Telephone Number(_____)_____

I certify that I am the Owner or Lessee of _____ acres of land.

I will use _____ acres for a Dog Training Ground legally described as follows:

County_____ Township_____

Range_____ Section_____ Quarter Section_____

I have read and understand the regulations and agree to abide by them. Under the penalties of perjury (IC 35-44-2-1), I affirm that the information supplied by me is true and correct to the best of my knowledge.

Signature of Applicant_____ **Date**_____

FOR OFFICE USE ONLY

Issue Date:_____ Exp. Date:_____

Approved by:_____ Date:_____

Comments:_____