



APPLICATION FOR DOG TRAINING GROUND PERMIT

State Form 45231 (R4 / 8-15)

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 (month, day, year) _____

Last Name First Name Middle Initial

Name of Business/Organization (if applicable) _____

Address (Number and Street) _____

City _____ State _____ ZIP Code _____

County _____ Telephone Number () _____

Email _____

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

City _____ State _____ ZIP Code _____

County _____ Telephone Number () _____

Do you own or lease the property? Own Lease

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 (month, day, year) _____

FOR OFFICE USE ONLY

Issue Date (month, day, year): _____ Expiration Date (month, day, year): _____

Approved by: _____ Date (month, day, year): _____

Comments: _____