



MISSOURI DEPARTMENT OF CONSERVATION  
P.O. BOX 180  
JEFFERSON CITY, MO 65102

OFFICE USE ONLY

PHONE: (573) 522-0107  
FAX: (573) 751-4864  
EMAIL: COMMERCIALPERMITS@MDC.MO.GOV

## Application for Field & Retriever Trial Permit (CODE 650)

All required (\*) fields must be completed or application will be returned to applicant for completion.

### \*SECTION 1: Are you applying as an individual or business? Selection will determine the name on permit.

☐ INDIVIDUAL (If Individual, skip Section 3)

☐ BUSINESS (If Business, skip Section 2)

### SECTION 2: Individual Information (Permit will be issued in the individual's name.)

\*County:

\*Individual Name:

Doing Business As (If applicable – provide fictitious business name registered with MO Secretary of State):

\*Address:

\*City:

\*State:

\*ZIP Code:

If PO BOX, provide physical address:

\*Telephone:

Email:

### SECTION 3: Business Information (Permit will be issued in the business name. All business applicants must be registered and in good standing with the Missouri Secretary of State. For more information go to: [www.sos.mo.gov](http://www.sos.mo.gov) or call (573) 751-4936)

\*SELECT TYPE OF ENTITY: ☐ GENERAL PARTNERSHIP ☐ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY PARTNERSHIP  
☐ GENERAL CORPORATION ☐ LIMITED LIABILITY COMPANY ☐ NONPROFIT CORPORATION

\*County:

\*Business Name:

Doing Business As (If applicable – provide fictitious business name registered with MO Secretary of State):

\*Business Address:

\*City:

\*State:

\*ZIP Code:

If PO BOX, provide physical address:

Telephone:

Email:

\*Designated Representative's Name (for all Department interaction)<sup>1</sup>:

\*Designated Representative's Address (if different than above):

\*City:

\*State:

\*ZIP Code:

\*Telephone:

Email:

<sup>1</sup>Designated representative is an individual designated by the business as the contact person for all purposes related to the permit including regulatory compliance, records, inspections and citations. The business (permittee) is responsible for updating this information if the designated representative changes at any time.

### \*FIELD TRIAL INFORMATION – Meeting location of trial, must give detailed description of which trial will run.

Wildlife to be Pursued:

Number of Hunters:

Number of Dogs:

Trial Date(s) (not to exceed 10 days)

From:

To:

Meeting location of trial:

County or Counties:

Application for a permit must be made to the Department by a **resident**, and post marked **not less than ten (10) days** prior to the trial. This permit does not authorize the use of any public or private land for this trial. It is the responsibility of the permittee to obtain permission from each agency or landowner at the location where the trial is to be held. Complaints from area landowners concerning the operation of the field trials may result in permit denial. It is illegal for dogs to pursue deer, turkey, muskrat, river otter and beaver. Field trials should NOT score points for dogs who are doing so. **Issuance of future permits shall be conditioned on compliance with these rules.**

#### Conservation Agent Use Only

☐ Approved ☐ Disapproved

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, the applicant, confirm that I have completed and read this application and agree that my signature below constitutes acceptance of all rules pertaining to Field and Retriever Trials Permit and according to the *Wildlife Code of Missouri*.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Title (if applicable – required for business applications):** \_\_\_\_\_

All permits expire **June 30** unless otherwise provided in the *Wildlife Code of Missouri*.

**This is not a permit and does not entitle the applicant to operate.**

PERMIT TYPE		PRICE	
<input type="checkbox"/>	Field & Retriever Trail Permit (Code 650) <sup>1</sup>	\$20.00	
	<b>TAG TYPE</b>	<b>PRICE</b>	<b># REQUESTED</b>
	Pheasant Leg Bands (per 100)	\$10.00	X _____ = _____
	Quail Leg Bands (per 100)	\$10.00	X _____ = _____
<sup>1</sup> Quail, pheasants and exotic partridges shall be marked with a permanent avian leg band prior to release.		<b>Total Amount Due: \$</b> _____	

☐ Check enclosed (Made payable to: **Missouri Department of Conservation**)

Credit/Debit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer. As required by State Law, payments by debit or credit card will be charged an extra convenience fee according to the chart below. The fee will be added to the amount of the purchase and the cardholder's statement will show the combined amount. This fee is paid to the payment processor, not the Missouri Department of Conservation.

**Credit/Debit Card Use Fees**

2% of transaction amount, plus \$.25 per transaction will be added to your total.

Credit Card Type:
☐ Visa
☐ MasterCard
☐ Discover

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3-Digit Security Code: \_\_\_\_\_

Phone Number (*Required*): \_\_\_\_\_

Signature: \_\_\_\_\_

Mail application to:

Missouri Department of Conservation  
Attn: Commercial Permits  
P.O. Box 180  
Jefferson City, MO 65102  
  
Fax: (573) 751-4864  
Email: [COMMERCIALPERMITS@MDC.MO.GOV](mailto:COMMERCIALPERMITS@MDC.MO.GOV)