



Missouri Department of Conservation
Application for Group Fishing Permit

Please Print

Requesting Agency:	Phone Number:
Street Address:	Fax Number:
City, State, Zip:	Email:
Contact Person :	

Name of Group Supervisor(s): _____

(This person's name will appear on permit)

Fishing dates or Window of Dates: _____

Type of Permit Requested:

Education: Therapy:

Expected Group Size: _____

Brief Explanation: _____

Fishing Location(s):	Name	County

*****Please allow at least 5 business days for MDC to respond to your request.**
Refer to Missouri Conservation Code 3CSR 10-5.205 (M), (N) and (O) for more details.

Fax completed form to **Protection Division** (573)751-8971.
 Any questions, please call (573)522-4115. ext. 3266.