



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 Dog Training Area Permit (CODE 630)

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

SECTION 1: If renewing a commercial permit, enter the permit number here.	Permit #:
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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:
<i>If PO BOX, provide physical address:</i>
*Telephone: Email:

PERMIT TYPE	PRICE																		
<input type="checkbox"/> Dog Training Area Permit (Code 630)	\$22.00																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">TAG TYPE</th> <th style="width:15%;">PRICE</th> <th style="width:10%;"># REQUESTED</th> <th style="width:10%;">X</th> <th style="width:10%;">=</th> <th style="width:25%;">TAG TOTAL</th> </tr> </thead> <tbody> <tr> <td>Transportation Stickers (per 100)¹</td> <td style="text-align: center;">\$13.00</td> <td style="text-align: center;">X</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">=</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="5" style="text-align: right;">Total Amount Due: \$</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	TAG TYPE	PRICE	# REQUESTED	X	=	TAG TOTAL	Transportation Stickers (per 100) ¹	\$13.00	X	_____	=	_____	Total Amount Due: \$					_____	
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Total Amount Due: \$					_____														
<small>¹Transportation stickers for use with Pheasant, Exotic Partridge and Quail</small>																			

ASSISTANT SHOOTERS – Includes the Permittee and not more than two (2) assistants

Assistant Shooter #1:	Assistant Shooter #2:
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***LOCATION**

Location (County):	Section:	Township:	Range:
Location Address (if applicable):			Area Acreage:

If your street address is different than your mailing address please complete this section. Complete address must be provided in case contact by a conservation agent is required. If you live in a rural area please provide directions to your location.

Name:
Address:
City: State: Zip Code:
Directions:

***SPECIES**

Pheasant
 Quail
 Mallard Duck
 Exotic Partridge

Conservation Agent Use Only
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Signature: _____
Date: _____

Signature constitutes acceptance of all rules pertaining to the above permit(s) 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.

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