

**STATE OF ILLINOIS  
DEPARTMENT OF NATURAL RESOURCES  
ONLINE APPLICATION - DESIGNATED DOG TRAINING AREA PERMIT**

Please complete the following information in full. Press the Submit button below to forward your information. Your permit takes approximately 2 weeks to process and return to you. A Mail In Application can also be completed and submitted if desired.

Please provide the following contact information:

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location of Training Area ( Distance and Direction from Nearest Town):

Legal Description of Training Area (Example: SE1/4, NW1/4, SEC. 10, R14N, T8W and County Name):

Number of Acres (50 Acres Maximum): \_\_\_\_\_

County: \_\_\_\_\_

Amateur or Professional Trainer: Amateur \_\_\_\_\_ Professional \_\_\_\_\_

Landowner Name

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Breed(s) of Dog(s) Trained:

Species of Bird(s) Utilized:

Is a Quail Call Back Device Used?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list either your Customer Number or Game Breeding and Hunting Preserve Area License Number:

\_\_\_\_\_

Please list the Names and Addresses of Anyone that has authorization to use the Designated Dog Training Area: