



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.

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

PERMIT TYPE	PRICE																		
<input type="checkbox"/> Dog Training Area Permit (Code 630)	<b>\$25.00</b>																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">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:15%;">TAG TOTAL</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Transportation Stickers (per 100)<sup>1</sup></td> <td style="text-align: right; padding: 5px;">\$20.00</td> <td style="text-align: center; padding: 5px;">X</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">=</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td colspan="5" style="padding: 5px;"><sup>1</sup>Transportation stickers for use with Pheasant, Exotic Partridge and Quail</td> <td style="text-align: right; padding: 5px;"><b>Total Amount Due: \$</b> _____</td> </tr> </tbody> </table>	TAG TYPE	PRICE	# REQUESTED	X	=	TAG TOTAL	Transportation Stickers (per 100) <sup>1</sup>	\$20.00	X	_____	=	_____	<sup>1</sup> Transportation stickers for use with Pheasant, Exotic Partridge and Quail					<b>Total Amount Due: \$</b> _____	
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**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**