

- Allow 14 working days for this application to be processed.
- **A \$55.00 permit fee must accompany this application.**
- **This application will not be processed unless the required fee is attached.**
- Your cheque or money order should be made payable to "The Minister of Finance."
- Attach copy of corporation registration documents (not required for renewal).
- For information on this or any other permit contact the CITES/WILDLIFE PERMITS CLERK.

SEND THIS APPLICATION AND FEE TO:
CITES/WILDLIFE PERMITS CLERK
 MANITOBA CONSERVATION
 WILDLIFE AND ECOSYSTEM
 PROTECTION BRANCH
 BOX 24-200 SAULTEAUX CRESCENT
 WINNIPEG MB R3J 3W3
 TELEPHONE: 204-945-1893
 FAX NO.: 204-948-2756

This is a new application. request for renewal.

NAME OF APPLICANT (A CORPORATION WITHOUT SHARE CAPITAL THAT IS INCORPORATED IN MANITOBA):		
ADDRESS:		
CITY OR TOWN:	PROVINCE/STATE:	POSTAL CODE:
NAME OF CONTACT PERSON:	TELEPHONE NUMBER (home):	TELEPHONE NUMBER (business):
NUMBER OF MEMBERS IN CLUB AT PRESENT:	NUMBER OF FIELD TRIALS EXPECTED TO BE HELD ANNUALLY:	
LOCATION OF TRAINING AREA(S) (if Crown land, place "X" in box after legal description - if insufficient space, attach list using same format):		
LEGAL LAND DESCRIPTION	NAME OF OWNER/LEGAL OCCUPANT (print)	SIGNATURE OF OWNER/LEGAL OCCUPANT
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
COMMENTS:		

I hereby certify that the information provided in this application is accurate to the best of my knowledge and request that a dog training club licence be issued to the corporation named herein.

DATE SIGNED: _____ SIGNATURE OF APPLICANT: _____

FOR DEPARTMENT USE ONLY

DISTRICT COMMENTS:

RECOMMENDED: Yes No DATE: _____ OFFICER'S SIGNATURE: _____

REGIONAL WILDLIFE MANAGER OR DIRECTOR COMMENTS:

RECOMMENDED: Yes No DATE: _____ MANAGER'S/DIRECTOR'S SIGNATURE: _____