

- Allow 14 working days for this application to be processed.
- 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 WILDLIFE PERMITS CLERK.

SEND THIS APPLICATION AND FEE TO:

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: