



SPECIAL DOG TRAINING AREA - APPLICATION AND PERMIT

Issued under the authority of Public Act 451 of 1994, part 401. Making a false statement on this application, or failure to comply with the provisions of this Act, is a violation of state law and may result in the revocation of this permit and criminal penalties.

This application and permit is required to train dogs on private land during the closed season from April 16 through July 14 and becomes a valid permit only after approved and signed by the Director's authorized representative. Unless otherwise specified, this permit expires on the third March 31 after the date of issue. There is no fee for this permit. Birds not defined as game in Michigan may be shot while dog training under the authority of this permit. Such birds include, but are not limited to: chukar partridge, Tennessee red quail, coturnix quail, and exotic pheasants. A small game license is required if shooting birds not defined as game. Birds defined as game in Michigan may not be shot while dog training under the authority of this permit. Birds defined as game in Michigan include, but are not limited to: ring-necked pheasants and bobwhite quail. Permittees are required to post the boundary of the authorized dog training area. Signs must be no smaller than 10 inches high by 12 inches wide and must be posted no further than every 150 feet apart. Such signs shall bear the following wording: "Special Dog Training Area - Authorized by Michigan DNR - No Entry Without Proper Authorization".

Name of Applicant			Club or Organization		
Address			Applicant Title		
City	State	ZIP	Telephone ()		
On property owned or administered by			Land Administrative Address		
Location of Training Site		County	Township		Section
Signature of Approval of Land Administrator/Owner/Lessee				Date	

OUTLINE TRAINING AREA BOUNDARY BELOW

The entire plat below represents one section (640 Acres).
Each small square represents ten acres.

Permit Type (check one box) <input type="checkbox"/> New <input type="checkbox"/> Renewal* <input type="checkbox"/> Amended* *List Permit Number _____
Is your dog training area enclosed with a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
Approximately how many acres is your dog training area? (Please make sure this matches the acreage highlighted in the grid.)
What types of wildlife species are, or will be, trained on?
What types of dogs are, or will be, used for training?

← One Mile →

LIABILITY. Grantee hereby releases, waives, discharges and covenants not to sue the State of Michigan, its departments, officers, employees and agents, from any and all liability to Grantee, its officers, employees and agents, for all losses, injury, death or damage, and any claims or demands thereto, on account of injury to person or property, or resulting in death of Grantee, its officers, employees or agents, in reference to the activities authorized by this permit.

INDEMNIFICATION. Grantee hereby covenants and agrees to indemnify and save harmless, the State of Michigan, its departments, officers, employees and agents, from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to (1) issuance of this permit; (2) the activities authorized by this permit; and (3) the use or occupancy of the premises which are the subject of this permit by the Grantee, its employees, contractors, or its authorized representatives.

I certify that I have read and understand the information contained herein. Both the organization named above and I agree to abide by the rules established in all activities pertaining to this permit. I understand that this permit does not provide any authorization to circumvent any federal, state, local laws, or any other local zoning and ordinances; nor does it provide any exception to the law other than allowing for the training of dogs on game during the closed season for dog training from April 16 through July 14 on the property specifically indicated on this permit.

Signature of Applicant _____

Date _____			
FOR DNR USE ONLY			
Permit Number	District	Permit Issued	Permit Expires
AUTHORIZATION		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature of Director's Authorized Representative _____			Date _____

Return completed application to
WILDLIFE DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30444
LANSING MI 48909-7944