



IOWA DEPARTMENT OF NATURAL RESOURCES

Licensing Section
6200 Park Ave Ste 200, Des Moines IA 50321
(515) 725-8200 | www.iowadnr.gov

CASHIER'S USE ONLY
0233-542-0092-CH-0570
License #
Preserve Name

APPLICATION FOR RENEWAL OF UNGULATE HUNTING PRESERVE LICENSE

If completing online, please use the "TAB" key to navigate your way through this form. DO NOT press Enter.

Applicant Information

License #: Phone #:
Name of Preserve:
Address:
City: State: Zip: County:
Last Name: First Name:
Mailing Address:
City: State: Zip: County:
Email: DNR Customer #:
Preserve is Open To: Public Private (Members Only)

How Many Acres are in the Preserve? Personally Owned
Leased
Total Acres

Have there been any changes in the total acreage of the preserve in the past year? Yes No

If yes, please attach an updated copy of your property plat showing the current ungulate hunting preserve property boundaries.

Table with 2 columns: Label (Additional Acres this Year, Fewer Acres this Year) and Input field.

Please complete this application for the renewal of your Ungulate Hunting Preserve License and return it with the \$200 annual license fee to the address above. All renewals must be received NO LATER THAN APRIL 30th in order for your license to remain in "active" status.

\*NOTE: Wild-type or Feral Hogs (swine) cannot be a part of this licensed activity. (Code of Iowa Chapter 717F-Dangerous Wild Animals)

I understand that providing false information on this application will render my application and therefore license invalid and that I may be subject to fines and imprisonment for making a false entry in a public record in violation of Iowa Code 714.8(4), and for hunting, fishing, or trapping without a valid license in violation of Iowa Code 483A.

By signing below, I acknowledge and understand the rules and regulations regarding having this permit, and other applicable laws such as but not limited to imported animal health inspections, and realize that a State Conservation Officer may inspect me at any reasonable time.

Signature of Applicant Date

Please remit application and payment to the address at the top of this page or email a copy of the form to webmaster@dnr.iowa.gov with the subject line: Credit Card Payment for (Company Name), wait a minimum of 20 minutes after sending, then call 515-725-8200 to make the payment.

This is an application and must be processed before the actual license can be issued.

Please allow 5-7 days for the processing of the completed application