

Return this application to:

WDFW Falconry Permit Manager 16018 Mill Creek Blvd Mill Creek, WA 98012

WA Falconry Permit Reinstatement Application

Last WA State ID #: Name:		Male 🗌 Female 🗌
Current Falconry Class:		
Physical Address:	City:	Zip:
Mailing Address:	City:	Zip:
Facility Address:	City:	Zip:
Home Phone:	Work Phone:	
Cell Phone:		
Did you live out-of-state during your Falconry Permit Inactivity? Yes No If yes:	Sponsor: If you were an Apprentice when you went inactive or moved, who was your Sponsor:	
WA State Driver's License #		
PLEASE INCLUDE A COPY OF YOUR MOST CURRENT WA FALCONRY PERMIT AND A COPY OF YOUR MOST CURRENT OUT-OF-STATE PERMIT IF YOU HAD ONE. Date of Birth: Occupation:		
Hair: Eyes:	Height:	Weight:
Do you currently hold a valid federal Fish and Wildlife Service license or permit other than falconry? Yes \sum No \subseteq If yes, list license or permit name(s) and number(s):		
What date did you release or transfer your last bird (month & year okay)		
Applicant Certification:		
I hereby certify that I have read and am familiar with the Wildlife Service falconry regulations, and the federal Mark is complete and accurate to the best of my knowledge subject me to cancellation of the application and /or content of the service of the servi	Aigratory Bird Treaty Act, and t and belief. I understand that a	hat the information I have submitted
Applicant's Signature	Date	

PERSONAL INFORMATION PROVIDED TO THE WASHINGTON DEPARTMENT OF FISH AND WILDLIFE MAY BE DISCLOSED VIA A PUBLIC RECORDS REQUEST.

All the information you provide in this application form becomes a public record that may be subject to inspection and copying by members of the public, unless an exemption in law exists. The Department's policy regarding Privacy Protection and Public Disclosure Requests is available upon request.