



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. **Please allow 30 days for processing of this application.**

Falconry Permit Application

Transfer Applicants Only: From what state are you transferring? _____

What is your Permit Class and Permit #: _____

Have you been a Washington State resident for at least 90 days? Yes No

WA State Driver's License #: _____

Do you currently hold any valid Federal Migratory Bird Permits (Propagation, Abatement, Rehabilitation, Other):

Yes No If yes, which permits do you hold? _____

You must enclose a copy of **your current State Falconry Permit** with this application.

If you are transferring as an **Apprentice** you must obtain a Washington State General or Master falconer **Sponsor**.

ALL APPLICANTS

Name: _____ Male Female

Date of Birth: _____ Occupation: _____

Hair: _____ Eyes: _____ Height: _____ Weight: _____

Contact and Facility Information

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

MAILING ADDRESS: _____ City: _____ Zip Code: _____ County: _____

FACILITY ADDRESS: _____ City: _____ Zip Code: _____ County: _____

HOME ADDRESS: _____ City: _____ Zip Code: _____ County: _____

Have you had previous experience holding or training a raptor? Yes No

If yes, how many months or years and briefly describe: _____

What raptor species have you had experience with? _____

SPONSOR INFORMATION

Name: _____ Permit Class: _____

Facility Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Email: _____

Phone: _____

SPONSOR’S ACKNOWLEDGMENT, CERTIFICATION, and SIGNATURE -

I certify that I am at least 18 year of age and have at least two years of experience at the General Falconer level. I further attest that I am willing to be a sponsor and assist the applicant in learning the husbandry and training of raptors held for falconry, relevant wildlife laws and regulations, and in deciding what permitted raptor species is appropriate to possess while an Apprentice falconer. I agree to maintain close contact with the applicant during the Apprentice period.

Sponsor’s Signature Date

APPLICANT’S CERTIFICATION AND SIGNATURE

I certify that I have read and am familiar with the Washington Department of Fish and Wildlife’s falconry and hunting regulations and the U.S. Fish and Wildlife Service falconry regulations, and the federal Migratory Bird Treaty Act, and that the information I have submitted is complete and accurate to the best of my knowledge and belief. I understand that any false statement herein may subject me to cancellation of the application, revocation of my falconry permit, and/or criminal penalties.

Applicant’s Signature Date

If the Applicant is less than 18 years of age a Parent or Guardian must sign this application:

Parent or Guardian’s signature Date

Please return completed application to: Falconry Manager
Washington Dept. of Fish and Wildlife
16018 Mill Creek Blvd.
Mill Creek, WA 98012