



Falconry Permit Application

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 at least 30 days for processing.

ALL APPLICANTS Complete Sections 1. - 4.			
1. APPLICANT INFORMATION			
Name		Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/>	
Date of Birth		Occupation	
Hair	Eyes	Height	Weight
2. CONTACT & FACILITY INFORMATION			
Home Phone		Work Phone	Cell Phone
Email			
Home Address		City	Zip Code
Facility Address <i>(if different from above)</i>		City	Zip Code
Mailing Address <i>(if different from above)</i>		City	Zip Code
County			
3. PREVIOUS EXPERIENCE			
Do you have previous experience handling or training raptors? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, how many months or years and briefly describe.			
What raptor species do you have experience with?			

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? Yes No

If yes, which permits do you hold?

4. 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

SPONSORS Complete Section 5. & 6.

5. SPONSOR INFORMATION

Name		Permit Class	
		2-Year General <input type="checkbox"/> Master <input type="checkbox"/>	
Facility Address	City	Zip Code	
Mailing Address (if different from above)	City	Zip Code	
Phone	Email		

6. SPONSOR'S ACKNOWLEDGEMENT, VERIFICATION, 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

Please return completed application to:

Falconry@dfw.wa.gov

or

Falconry Manager

Washington Dept. of Fish and Wildlife

PO Box 43200

Olympia, WA 98504-3200