



Falconry Permit Renewal 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. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

ALL APPLICANTS Complete Sections 1. - 3.			
1. APPLICANT'S INFORMATION			
Name		WA State WILD ID	
Permit Class Apprentice <input type="checkbox"/> General <input type="checkbox"/> Master <input type="checkbox"/>		Permit Expiration Date	Date of Birth
Hair	Eyes	Height	Weight
Apprentices – Who is your Sponsor			
General and Master Falconers – Do you currently sponsor any Apprentices? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please name your Apprentices			
Two-Year General and Master Falconers – Are you willing to be listed as a Sponsor? Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. CONTACT & FACILITY INFORMATION			
Home Phone		Work Phone	Cell Phone
Email			
Home Address		City	Zip Code County
Facility Address <i>(if different from above)</i>		City	Zip Code County
Mailing Address <i>(if different from above)</i>		City	Zip Code County

Have any of these addresses changed within the last two years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has your email address changed within the last two years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many birds do you currently possess on your Falconry Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What species of raptors do you currently possess on your Falconry Permit?	
Do you currently hold a USFWS Migratory Bird Propagation, Abatement, or Rehabilitation Permit Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please list permit names and numbers:	
3. APPLICANT'S CERTIFICATION AND SIGNATURE	
<i>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.</i>	
_____ Applicant's Signature	_____ Date
If the you are less than 18 years of age a Parent or Guardian must sign this application:	
_____ Parent or Guardian's signature	_____ Date
If you are an APPRENTICE, your sponsor must sign this application.	
_____ 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