



APPLICATION FOR STATE FALCONRY PERMIT



Permit Term Up To Three Years, Ending June 30 – Fee \$73

Name of Applicant _____ Phone No. (____) _____
 Email _____ Bus. Phone (____) _____
 Address _____ Soc. Sec. No. _____
 County _____ City _____ State ____ ZIP _____
 Driver's License# (if any) _____ TWRA ID# (if any) _____
 Birth Date ___/___/___ Height ____ Weight ____ Eyes ____ Hair ____ Sex ____ Race ____
 Number of Raptor(s) Possessed at Time of Application _____

Species	(1) _____	(2) _____	(3) _____
Age (if known)	_____	_____	_____
Sex (if known)	_____	_____	_____
Source	_____	_____	_____
Date Acquired	_____	_____	_____
Marker Number	_____	_____	_____

On what date did you pass your falconry examination? ___/___/___
 When did you first acquire a raptor for use in falconry? ___/___/___
 How many years of active falconry (hunting quarry) do you have? _____
 What date were your facilities last inspected and approved? ___/___/___ (if different) ___/___/___

Sponsor Information: (Required for Apprentice Only)

Name of General or Master Falconer _____
 Address _____ City _____ State ____ ZIP _____

See the front page for mailing instructions. Remember to include your Raptor Facilities and Equipment Inspection Report. Federal Falconry Permits must be applied for separately.

_____	___/___/___	(check one)
(Applicant)	Date	Apprentice
_____	___/___/___	General
(Wildlife Officer/Biologist)	Date	Master
_____	___/___/___	
(TWRA Approval Signature)	Date	