West Virginia Division of Natural Resources State Application for Falconry Permit



State rees:			Date	e:
New Falcone Renewal App	er Application \square \$250.0 plication \square \$100.0			
INSTRUCTION	<u>ONS</u>			
•	Print or type all informati Returned completed app Box 67, Elkins, WV 262	lication and fee to: WVDNF	R, Wildlife Resour	ces Section, PO
Name	First	Middle		Last
Address	Street	City	Zip	County
Phone	Home	Work		Cell
E-mail Addr	ess			
Do you curre	ently hold any other state or t	ederal license or permits?		YES 🗆 NO
If yes, list lice	ense or permit numbers			
How many ye	ears have you practiced falc	onry?		
Class of Per	mit Requested:	APPRENTICE GE	NERAL	MASTER
Apprentice	Class: List name, address, Sponsor mus	falconry class and state pe tt sign and verify on followin		onsor.
General/Mas	ster Class: List name, add	dress and state permit numl	ber of all apprention	ces:

Provide the following info	ormation for each	of the falconry raptors in your po	ossession at the present:		
<u>Species</u>		Band Number	Band Type and Color		
1.					
2.					
3.					
<u>Age</u>	<u>Sex</u>	Date of Acquisition	Source of Birds		
3.					
Have you ever been cite Species Act or CITES?	d for any infraction	on of the Federal Migratory Bird T	reaty Act, Endangered		
		\square YES \square NO			
If "yes", please explain:					
APPLICANT'S CERTIF	ICATION				
that all information submitte	ed in this application	iar with the West Virginia State falco in is complete and accurate to the be y subject me to the criminal penalties	est of my knowledge. I understand		
Regulations and the other	applicable parts in accurate to the be	niliar with the regulations in title 50 a subchapter B of chapter I of title 5 est of my knowledge and belief. I ures of 18 U.S.C. 1001.	0, and that the information I have		
APPLICANT'S SIGNAT	URE		DATE		
Persons applying that are u	under the age of e	ghteen must be accompanied by par	rent/guardian signature.		
PARENT/GUARDIAN S	IGNATURE		DATE		
SPONSOR'S CERTIFIC	CATION				
I hereby certify that I am	a master or gen	eral falconer with permit number:			
	· ·	ove-named individual as an appro			
	Printed Name o	f Sponsor	Phone Number		
	Signature of S	Sponsor	Date		
		West Virginia Division of Natu			
personal contact infor	nation to others	interested in the sport of Falc	onry.		
Signature		Printed Name			

For new applications - you will receive a permit for falconry from the State of West Virginia upon proof of satisfactory written examination completion (exams will be given at Wildlife Resources District Offices, South Charleston Office and Elkins Operations Center), and approved facilities inspection sheet.