## **West Virginia Division of Natural Resources State Application for Falconry Permit**

## **INSTRUCTIONS**

- Make Check or money order payable to West Virginia Division of Natural Resources.
- Print or type all information.
- Returned completed application and fee to: WVDNR, Wildlife Resources Section Falconry Permit Coordinator, PO Box 738, Elkins, WV 26241.
- The Falconry Permit Coordinator will contact you to schedule an examination.

STATE FEES	(new) \$250.00			(renewal) \$100.00	
NAME					
First		Middle		Last	
ADDRESS					
	Street	City	Zip	County	
Phone Numbers		_			
Home		Work		Cell	
E-mail Address					
Do you currently hold a	ny other state or federal	license or permits? _	YES	NO	
If yes, list license or per	rmit numbers				
How many years have	you practiced falconry?				
CLASS APPLIED FOR	APPRENTIC	CE GENER	RAL	MASTER	
must sign and verify.  GENERAL OR MASTE	:R CLASS: List name, ac	ddress and state perm	it number of	all apprentices:	
Provide the following in Species	formation for each of the	falconry raptors in you	•	n at the present: d Type and Color	
<u>Age</u>	<u>Sex</u>	Date of Acqu	<u>ıisition</u>	Source of Birds	

Have you ever beei	n cited for any i	ntraction of the Federa	al Migratory Bird Treaty Act, Endangered Species	
Act or CITIS?	YES	NO		
If "yes" explain:				
APPLICANT'S CEI	RTIFICATION			
further verify that a	ll information seerstand that ar	ubmitted in this applications application in the statement in	ne West Virginia State falconry regulations and I ation is complete and accurate to the best of my this application may subject me to the criminal	
Federal Regulation information I have	s and the othe submitted is	r applicable parts in s complete and accura	ne regulations in title 50, part 13, of the Code of ubchapter B of chapter I of title 50, and that the te to the best of my knowledge and belief. I me to the criminal penalties of 18 U.S.C. 1001.	
APPLICANT'S SIG	NATURE		DATE	
Persons applying th	nat are under th	ne age of eighteen mus	st be accompanied by parent/guardian signature.	
PARENT/GUARDIA	AN SIGNATUR	RE:	DATE	
SPONSOR'S CER	TIFICATION			
I hereby certify that	I am a master	or general falconer wit	h permit number	
and that I have agre	eed to sponsor	the above-named indiv	vidual as an apprentice falconer.	
	Printed N	lame of Sponsor	Phone Number	
	T TIMOU IV	ame of openion	i nono ivambol	
	Signatu	ure of Sponsor	Date	
I give permission for the West Virginia Division of Natural Resources to release my personal contact information to others interested in the sport of Falconry.				
Signature and prir	nted name			

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 Office's, South Charleston Office and Elkins Operations Center), and approved facilities inspection sheet.