

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

DATE: \_\_\_\_\_

## 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, 324 Fourth Avenue, Room 319, South Charleston, WV 25303.
- 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 any other state or federal license or permits? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, list license or permit numbers \_\_\_\_\_

How many years have you practiced falconry? \_\_\_\_\_

CLASS APPLIED FOR \_\_\_\_\_ APPRENTICE \_\_\_\_\_ GENERAL \_\_\_\_\_ MASTER

**APPRENTICE CLASS:** List name, address, falconry class and state permit number of sponsor. Sponsor must sign and verify.

\_\_\_\_\_  
\_\_\_\_\_

**GENERAL OR MASTER CLASS:** List name, address and state permit number of all apprentices:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide the following information for each of the falconry raptors in your possession at the present:

Species

Band Number

Band Type and Color

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age

Sex

Date of Acquisition

Source of Birds

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been cited for any infraction of the Federal Migratory Bird Treaty Act, Endangered Species Act or CITIS? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If "yes" explain: \_\_\_\_\_

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**APPLICANT'S CERTIFICATION**

I hereby certify that I have read and am familiar with the West Virginia State falconry regulations and I further verify that all information submitted in this application is complete and accurate to the best of my knowledge. I understand that any false statement in this application may subject me to the criminal penalties outlined in State and Federal law.

I further certify that I have read and am familiar with the regulations in title 50, part 13, of the Code of Federal Regulations and the other applicable parts in subchapter B of chapter I of title 50, 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 the criminal penalties of 18 U.S.C. 1001.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Persons applying that are under the age of eighteen must be accompanied by parent/guardian signature.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SPONSOR'S CERTIFICATION**

I hereby certify that I am a master or general falconer with permit number \_\_\_\_\_ and that I have agreed to sponsor the above-named individual as an apprentice falconer.

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**Printed Name of Sponsor**

**Phone Number**

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**Signature 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.**

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**Signature and printed 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.