



**APPLICATION
PERMIT TO TAKE A RAPTOR FOR FALCONRY**

**Fees: Resident \$20
Nonresident \$125**

Fees listed above include the \$5 nonrefundable processing fee for each application.

Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned.

APPLICANT INFORMATION		Client Number or SSN:	Date of Birth:
NAME [LAST]		[FIRST]	[MIDDLE]
PHYSICAL ADDRESS:			
CITY:		STATE:	ZIP:
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:	WORK PHONE:	E-MAIL ADDRESS:	
DRIVER'S LICENSE NUMBER		STATE:	DATE ISSUED:

1. Falconry License No.: _____ State: _____ Class: _____
 NOTE: Non resident (out-of-state) applicants must attach a copy of their valid falconry license.

2. A nonresident applicant may only select one specific species per application
 Species requested _____

A resident applicant, dependant upon eligibility, may select one of the following permit options:

- American kestrel or red-tailed hawk (apprentice).
- "early season" goshawk.
- "early season" goshawk + "non-quota species.
- Ferruginous hawk (quota dependent) + "non-quota" species.
- only "non-quota" species.
- a specific "non-quota" species: _____

Non-quota species: goshawk (Sept.13-Dec.31); Coopers hawk, sharp skinned hawk, prairie falcon, merlin, American kestrel, red tailed hawk, great horned owl.

3. List each raptor which is presently in your possession for falconry, including pertinent information:

SPECIES	BAND NUMBER	WILD OR CAPTIVE BRED	DATE ACQUIRED	AGE	SEX

4. List all raptors that you acquired in the past 12 months, for falconry purposes, which are no longer in your possession. Describe each raptor that you acquired during the 12 months prior to the date of this application; the date it was acquired; and the date it was transferred, released, lost, or died.

SPECIES/AGE/SEX	BAND NUMBER	WILD OR CAPTIVE	DATE ACQUIRED	DATE TRANSF.	DATE RELEASED	DATE LOST	DATE DIED

I, the signator, in signing this application, hereby state that I am entitled to this permit under the laws of the State of Nevada and that no false information or false statement has been made by me to obtain this license.

Signature of Applicant

Date

Mail or submit your application and the required fees to the following Department office. Make checks payable to the Nevada Department of Wildlife.

Nevada Department of Wildlife
License Office – Raptor Capture
4600 Kietzke Lane, D-135
Reno, NV 89502

NOTE: Out-of-state applicants (nonresidents) must attach or include a copy of your valid falconry license issued by your home state, if you are not licensed with the State of Nevada.

FOR DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Disapproved: _____

Date Returned for Additional Information: _____

Department Representative: _____

REASON FOR DISAPPROVAL: