NEVADA DEPARTMENT OF WILDLIFE

APPLICATION FALCONRY LICENSE

\$38 (22.72) \$94 (22.99) ☐ 1-YEAR ☐ 3-YEAR **License Fees:**

Licenses expire June 30.

I hereby make a Apprentice I General Lice Master Lice	_icense ense	the follo	owing class o	of falcor	nry li	cense:	(Mark one box)	
returned. If you have taken and SLAP Entipermit is is	ax ID or SSN only	TIME: Allonsed as a sumination rmit and Left required	w thirty (30) da a falconer bea b. License ID) - N for new applic	ays. fore, do lew applio	not s	submit an a	pplication unti	I you have	
RESPONSIBLE PARTY— Person respons NAME [LAST]			[FIRST] [MIDDLE]				SLAP Entity ID		
MAILING ADDRESS:							SSN		
CITY:		STATE:	TE: ZIP:			E-MAIL ADDRES	ADDRESS:		
PHYSICAL ADDRESS:									
CITY:	STATE:	ZIP:			TELEPHONE:				
HEIGHT: WEIGHT:			HAIR: EYES:				GENDER:		
DRIVER'S LICENSE NUME	STATE:				DATE ISSUED:				
OCCUPATION:			EMPLOYER:						
WORK ADDRESS:									
List each rapto	<u> </u>		•		• , .	<u> </u>			
SPECIES	BAND NUMBE	R WIL	D OR CAPTIVE BRED		DATE ACQUIRED		AGE	SEX	
2. (a) Check	if you wish to app	oly for a P	ermit to Take a	a Raptor	from	the wild.			
(b) Check	f you wish to rec	eive an ar	oplication to im	nport/expo	ort a	raptor.			
STATE OF NEVAD	A – Department of	Wildlife	SLAP 2	22.72/.99		Rev. Oct	2016 Page 1 c	of 2	

List all raptor(s) which you acquired for falconry in the past 12 months, but are no longer in your "licensed" possession. Describe each raptor that you acquired in the 12 months prior to the date of this application, list the date it was acquired, and the date it was transferred, released, lost, or died. **SPECIES** AGE SEX BAND WILD OR DATE DATE OF DATE OF DATE DATE NUMBER CAPTIVE ACQUIRED TRANSFER RELEASE LOST **DIED** 4. Sponsor Requirement: An applicant for an apprentice-class license must be sponsored by a person holding a general or master-class falconry license or the equivalent. Sponsorship is required for the first two (2) years as an apprentice to be eligible to advance to general. If sponsorship is terminated, the holder of an apprentice license must obtain a new sponsor within 30 days of the date of termination of the sponsorship or his apprentice license will be revoked. NAME OF SPONSOR (PRINT): Signature of Sponsor License Number I, the signator, in signing this application, hereby state that I am entitled to this license 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 Parental Signature if Applicant is under 18 year of age Date Submit the completed application with the required fee to: Nevada Department of Wildlife License Office – Falconry License 6980 Sierra Center Pkwy, Ste-120 Reno, NV 89511 FOR DEPARTMENT USE ONLY Department Representative:_____ Date Received: Date Returned for Additional Information: Date Approved: Date Disapproved: Letter Sent: REASON FOR DISAPPROVAL: