

2024 APPLICATION PERMIT TO TAKE A RAPTOR FOR FALCONRY

Fees: Resident \$20 (22.80) Nonresident \$125 (22.81)

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

Deadline:

Quota Species - The receipt of applications is 5:00 p.m., January 10, 2024.

Non-Quota Species – The receipt of applications will be accepted any time after application becomes available. Applications must be mailed through a postal service to the address listed on the application.

Eligibility : All unused permit/leg band must be returned to the Department within 5 days after the close of the season – Dec 31st. Failure to return any unused permit/leg band will result in denial of any future applications for take as per NAC 503.330.

| Please PRINT all inform | nation exce | pt for your si | gnature. Incon | nplete or | illegible applicati | ons will be returned. |
|-------------------------------|--|----------------|----------------|-----------|---------------------|-----------------------|
| APPLICANT INFORMATION TAX ID: | | TAX ID: | CLIENT I | | D or SSN: | Date of Birth: |
| NAME [LAST] | | [FIRST] | | | [MIDDLE] | |
| PHYSICAL ADDRESS: | | | | | | |
| CITY: | | | | | STATE: | ZIP: |
| MAILING ADDRESS: | | | | | 1 | |
| CITY: STATE: | | | | STATE: | ZIP: | |
| HOME PHONE: WORK PHO | | WORK PHONE | : | | E-MAIL ADDRESS |). |
| HEIGHT: | WEIGHT: | | HAIR: | | EYES: | GENDER: |
| DRIVER'S LICENSE NUMBE | R | | | | STATE: | DATE ISSUED: |
| 1. Falconry License No.: | | | | | SS: | |
| NOTE: Nonre | NOTE: Nonresident (out-of-state) applicants must attach a copy of their valid falconry license. | | | | | |

2. Species Selection:

NONRESIDENT applicant may **only** select one specific species per application – select one listed below:

□ Goshawk (Eyas Season)

- Goshawk (Passage Season)
- □ Coopers Hawk

Great Horned Owl

Merlin

Prairie Falcon

Sharp-skinned Hawk

□ Red-tailed Hawk

- □ American Kestrel
- □ Ferruginous Hawk

RESIDENT applicant may *only* select one of the following permit options listed below:

Note: Non-quota species include: Goshawk (Passage), Coopers Hawk, Sharp-skinned Hawk, Prairie Falcon, Merlin, American Kestrel, Red-tailed Hawk, Great Horned Owl.

- Goshawk Eyas Season only (quota dependent)
- Goshawk Eyas Season (quota dependent) or Non-quota species
- □ Ferruginous Hawk (quota dependent)
- □ Non-quota species only
- □ A specific "non-quota" species: _

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 |
|---------|-------------|-------------------------|------------------|-----|-----|
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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 TRANSFERRED | DATE RELEASED | DATE LOST | DATE DIED |
|----------------------|----------------|--------------------|------------------|---------------------|------------------|--------------|--------------|
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| | | | | | | | |

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 fee to:

Nevada Department of Wildlife License Office – Raptor Capture 6980 Sierra Center Parkway, Ste-120 Reno, NV 89511

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 Approved: | Date Returned for Additional Information: | |
|----------------|---|--|
| | | |

| Date Disapproved: | |
|-------------------|--|
| | |

| Department Representative: | | |
|----------------------------|--|--|

REASON FOR DISAPPROVAL:

Date Received: