APPLICATION FOR FALCONRY PERMIT

Fee: $50.00
Initial Appl. □  NH FISH AND GAME DEPARTMENT
Renewal Appl. □  Wildlife Division
Amended Appl. □  11 Hazen Drive
(No Charge)  Concord NH 03301

As required by RSA 209-A, application is hereby made for a falconry permit, in accordance with the provisions of said statutes and rules and regulations thereunder adopted by the Executive Director of the Fish and Game Department.

Name of Applicant (Last, First, M.I.)

Date of Birth  Email Address  Telephone #

Mailing Address  (Street/Box, City/Town, State and Zip)

Class of Permit Requested:  Apprentice  General  Master

NH Hunting License #: ____________________________

Species of raptors to be obtained: ____________________________

Method of obtaining raptors: ____________________________

Applicant's Signature  Date

PERMIT SUBJECT TO PENALTIES FOR MAKING UNSWORN FALSE STATEMENT UNDER RSA 641:3

For Apprentice Application

Signature of Parent or Guardian (Applicant under 18 years of age)  Date

Signature of Sponsor  Date

Sponsor’s Mailing Address  (Street/Box, City/Town, State and Zip)

For Nonresident Applicants

Applicants for a nonresident falconry permit must supply the following:

1. Copy of a current falconry permit from state of residence.
2. Copy of a USFWS Migratory Bird Acquisition and Disposition Report, form 3-186A to demonstrate proof the applicant legally possesses raptors.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Over)
For Renewals/Amendments

Total Number of Raptors Possessed:_________

<table>
<thead>
<tr>
<th>Species</th>
<th># / Sex / Age (If known)</th>
<th>Source and Date of Acquisition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant's Signature _____________________ Date __________

(PERMIT SUBJECT TO PENALTIES FOR MAKING UNSWORN FALSE STATEMENT UNDER RSA 641:3)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

FOR DEPARTMENT USE ONLY

Falconry Exam: Pass ___________ Fail ___________ Date ______________

Housing: Approved ___________ Disapproved _________ Date ______________

Equipment: Approved ___________ Disapproved _________ Date ______________

Signed ________________ Date _______________

Falconry Biologist

Falconry License #: _____________________________ Date Issued ______________

Signed: ___________________________ Date _______________

Law Enforcement

Amended 11/15