



WILDLIFE AND HERITAGE SERVICE
APPLICATION FOR **FALCONRY** PERMIT/LICENSE

INSTRUCTIONS

1. Fee \$10.00. Make check payable to Department of Natural Resources.
2. Print or type all information.
3. Please be sure to complete all pages of this application.
4. Contact this office at 410-260-8540, or wildlifepermits.dnr@maryland.gov if you have any questions.

Return completed application to:

Permits Coordinator
Wildlife and Heritage Service
Tawes State Office Building
580 Taylor Ave, E-1
Annapolis, MD 21401

NEW PERMIT/LICENSE WILL EXPIRE ON JUNE 30TH THE YEAR FOLLOWING THE DATE OF ISSUANCE.

CURRENT INFORMATION

1. NAME					
2. BUSINESS/ORGANIZATION (IF APPLICABLE)					
3. STREET					
4. CITY		5. STATE		6. ZIP	
7. COUNTY					
8. PRIMARY PHONE		9. ALT PHONE			
10. EMAIL		11. DATE OF BIRTH			
12. SSN/TAX ID/FID					

13. LIST RELATED STATE & FEDERAL LICENSES OR PERMITS BELOW, INCLUDING PERMIT TYPE AND NUMBER

14. CLASS APPLYING FOR:			
	APPRENTICE		GENERAL
			MASTER

If applying for an apprenticeship, please have sponsor certify below.

15. **SPONSOR CERTIFICATION:** I HEREBY CERTIFY THAT I AM A MASTER OR GENERAL FALCONER WITH PERMIT NO. _____ AND THAT I HAVE AGREED TO SPONSOR THE ABOVE-NAMED INDIVIDUAL AS AN APPRENTICE FALCONER.

SPONSOR NAME		PHONE NUMBER	
SIGNATURE		DATE	

16. **APPLICANT CERTIFICATION:** I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTOOD THE FEDERAL AND STATE LAWS AND REGULATIONS ON FALCONRY AND THAT THE INFORMATION GIVEN HERE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I HAVE READ AND AM FAMILIAR WITH THE FEDERAL REGULATIONS IN TITLE 50, PART 13, OF THE CODE OF FEDERAL REGULATIONS AND THE OTHER APPLICABLE PARTS IN SUBCHAPTER B OF CHAPTER 1 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 CRIMINAL PENALTIES OF 18 U.S.C. 1001.

SIGNATURE		DATE	
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