

**STATE OF ALASKA
ALASKA FALCONRY PERMIT APPLICATION**

1. NAME

Last	First	M.I.
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2. MAILING ADDRESS

Street or P.O. Box		
City	State	Zip

3. TELEPHONE NUMBERS

Home	Business or Message
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4. EMAIL ADDRESS

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5. SOCIAL SECURITY NUMBER

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6. ALASKA RESIDENT

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7. DATE OF BIRTH

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8. LOCATION OF FACILITIES

Street	City
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9. DRIVER'S LICENSE OR I.D. NUMBER

Number	State
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10. RAPTORS IN POSSESSION

Species	Sex	Age	Band Number	Date Acquired	Source

11A. PERMIT CLASS

<input type="checkbox"/> Apprentice
<input type="checkbox"/> General*
<input type="checkbox"/> Master*

11B. APPRENTICE'S SPONSOR

Last Name	First	Telephone
Address		Class

12. FALCONRY EXAM/APPROVAL

<input type="checkbox"/> Exam Passed	Approved By: _____	Date: _____
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13. MEWS INSPECTION/APPROVAL

<input type="checkbox"/> Mews Inspected	Approved By: _____	Date: _____
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14. CERTIFICATION

I have read and understand the Alaska Falconry Standards. Furthermore, I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief.	
Applicant's Signature _____	Date _____

*An applicant requesting a general or master class permit must submit a photocopy of the most recently held permit/license issued from any state or province AND annual falconry reports.

Completed applications should be mailed to the Alaska Department of Fish and Game, Division of Wildlife Conservation, Permits Section, P.O. Box 115526, Juneau, AK 99811-5526.