



Falconry Permit Reinstatement Application

PERSONAL INFORMATION PROVIDED TO THE WASHINGTON DEPARTMENT OF FISH AND WILDLIFE MAY BE DISCLOSED VIA A PUBLIC RECORDS REQUEST. All the information you provide in this application form becomes a public record that may be subject to inspection and copying by members of the public, unless an exemption in law exists. The Department's policy regarding Privacy Protection and Public Disclosure Requests is available upon request. Please allow at least 30 days for processing.

APPLICANTS Complete Sections 1. - 4.			
1. APPLICANT INFORMATION			
Name		Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/>	
WA Falconry #		Last Permit Expiration Date	
Birth Date		Occupation	
Hair	Eyes	Height	Weight
WA State Driver's License #		WA State Driver's License Exp.	
<i>PLEASE INCLUDE A COPY OF YOUR MOST CURRENT WA FALCONRY PERMIT AND A COPY OF YOUR MOST CURRENT OUT-OF-STATE PERMIT IF YOU HAD ONE.</i>			
2. CONTACT & FACILITY INFORMATION			
Home Phone		Work Phone	Cell Phone
Email			
Home Address		City	Zip Code County
Facility Address <i>(if different from above)</i>		City	Zip Code County
Mailing Address <i>(if different from above)</i>		City	Zip Code County
3. INACTIVITY INFORMATION			
Did you live out of state during your Falconry permit activity? Yes <input type="checkbox"/> No <input type="checkbox"/>			

If yes, where	
If you were an Apprentice when you went inactive or moved, who was your Sponsor	
Date did you release or transfer your last bird (month & year okay)	
4. OTHER PERMITS	
Do you currently hold a valid federal Fish and Wildlife Service license or permit other than falconry? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. APPLICANT'S CERTIFICATION AND SIGNATURE	
<i>I hereby certify that I have read and am familiar with the Washington Department of Fish and Wildlife and U.S. Fish and Wildlife Service falconry regulations, and the federal Migratory Bird Treaty Act, 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 cancellation of the application and /or criminal penalties.</i>	
_____ Applicant's Signature	_____ Date
If the Applicant is less than 18 years of age a Parent or Guardian must sign this application:	
_____ Parent or Guardian's signature	_____ Date

Please return completed application to:

Falconry@dfw.wa.gov

or

Falconry Manager

Washington Dept. of Fish and Wildlife

PO Box 43200

Olympia, WA 98504-3200