

500 Lafayette Road • St. Paul • MN 55155  
Contact: heidi.cyr@state.mn.us or 651-259-5107

## Application for Falconry Permit

Please complete this form and send it along with required documents to: Falconry Coordinator, Department of Natural Resources, Division of Ecological and Water Resources, Nongame Wildlife Program, 500 Lafayette Road, Box 25, St. Paul, MN 55155-4025. **The permit process will take 4-6 weeks, please plan accordingly.**

\_\_\_ **New Permit**--passing exam on record, attach/email photos and inspection form, attach sponsor's certificate (next page), attach apprentice's certificate (next page)

\_\_\_ **Renewal**--attach/email photos and inspection form

\_\_\_ **Modification**--Circle: **NAME CHANGE / ADDRESS CHANGE** (for address attach/email photos and inspection form)

CLASS APPLIED FOR: \_\_\_ JUNIOR APPRENTICE \_\_\_ APPRENTICE \_\_\_ GENERAL \_\_\_ MASTER  
Please list and attach copies of any current or previous falconry licenses or permits:

NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Middle) (Last)

PHONE NUMBER (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

E-MAIL \_\_\_\_\_

(Permits and most communication are mailed electronically; to avoid processing delays please provide an email address)

Mailing Address

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

Facilities Address (if different from above)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

Do you own the property where the facilities will be located? **YES / NO**  
If the answer is no, please submit the rental certification on the next page.

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

If you are under 18 years of age, please submit the parent or guardian certification on the next page.

# Falconry Permit Certifications for \_\_\_\_\_

(Print Name)

**APPLICANT'S CERTIFICATION:** I hereby certify that I have read and understand the federal and state laws and regulations on falconry and that the information given in this application is true and correct to the best of my knowledge. Further, I hereby certify that I will maintain my facilities in accordance with federal regulations, and in accordance with federal regulations, I agree that, in my presence, my falconry raptors, facilities, equipment, and records may be inspected during any reasonable time of the day, on any day of the week, and without advanced notice.

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Date*

**PARENT OR LEGAL GUARDIAN CERTIFICATION (applicants under 18):** I hereby certify that I will take legal responsibility for all activities performed under the above named applicant's permit.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Phone number*

Applicants under 16 years of age, may only obtain a Junior Apprentice Permit. As such, they may only keep their raptors at the facilities of an adult with a falconry permit. Do you have or plan to obtain a falconry permit? **YES / NO**

\_\_\_\_\_  
*Permit Number*

\_\_\_\_\_  
*Sponsor*

**APPRENTICE'S CERTIFICATION:** I hereby certify that I have read and am familiar with the regulations in title 50, part 13, of the Code of Federal Regulations and the other applicable parts in subchapter B of chapter I 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 the criminal penalties of 18 U.S.C. 1001.

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Date*

**RENTER'S CERTIFICATION:** I hereby certify that as owner of the property on which the above named applicant's facilities will be located agree that their falconry facilities and raptors may be inspected by Minnesota Department of Natural Resources authorities at any reasonable time of day in my presence; except that the authorities may not enter the facilities or disturb the raptors unless the above named applicant is present.

\_\_\_\_\_  
*Signature of Property Owner*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Phone number*

# Falconry Permit Certifications for \_\_\_\_\_ (Print Name)

**SPONSOR'S CERTIFICATION:** I hereby certify that I:

- Have no more than two apprentices currently.
- Have a valid Master Falconry Permit or a valid General Falconry Permit with two seasons of experience with a bird as a General Class Falconer.
- Have not been convicted of violating the falconry laws and regulations of any state or the federal government.

AND I hereby certify that I agree to:

- Act as a source of advice and information for the above named apprentice.
- Provide a minimum of twenty hours of field instruction annually and oversee the care, maintenance, and training of the apprentice's raptor.
- Assist in teaching about the husbandry and training of raptors held for falconry, about relevant wildlife laws and regulations, and, when the time comes, in deciding what species of raptor are appropriate to possess. Capture and release of raptors may also be taught.
- Mail/email the Falconry Coordinator within 10 days after the sponsorship has been discontinued and include an explanation for the reasons discontinuing the sponsorship.

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*Signature of sponsor*

*Printed name*

*Date*

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*Permit Number*

*Phone number*