

Application for Permit to use Raptors for Abatement

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.**

APPLICANT INFORMATION:

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: STREET _____ CITY _____

STATE _____ ZIP _____ COUNTY _____

Do you own the property where the facilities will be located? **YES / NO**
If the answer is no, the rental certification (below) must be submitted.

Will you require subpermittees, if so please list their name, city, and state:

RENTER'S CERTIFICATION:

As owner of the property on which the above named applicant's raptor abatement facilities will be located, I agree that their raptor abatement 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*

Permit request and requirements:

Are you requesting a:

___ **New Permit**

1. Submit documentation to verify you are the holder of Master Falconry Permit * (please attach copies of any current falconry licenses or permits)
2. Submit a copy of your MN DNR inspection form and facilities photos
3. Submit a copy of your Federal Raptor Abatement Permit and application.
4. Submit a copy of your current facilities schematics **
5. For established raptor propagators relocating to Minnesota only: in addition to the other requirements, please include copies of the 3-186a's and Board of Animal Health certifications for raptors currently in your possession that you intend to import to Minnesota.

___ **Permit Renewal**

1. Attach a copy of your current Federal Raptor Abatement Permit
2. Submit a copy of your DNR inspection form and facilities photos
3. Submit a copy of your current facility schematics**

___ **Permit Modification--Circle: NAME CHANGE / ADDRESS CHANGE**

For an address change:

1. Submit a copy of your MN DNR inspection form and facilities photos
2. Submit a copy of your current facilities schematics**

___ **Permit Modification—Subpermittee Request**

1. Submit documentation to verify the subpermittee is the holder of General or Master Falconry Permit * (please attach copies of any current falconry licenses or permits)

***To qualify, permits must be in good standing. "Good standing," determined by falconer's file, means they have a valid state permit, which is not under review and their required paperwork is submitted and complete.**

****Facility schematics must include: dimensions for each holding area, the number of birds stored in each holding area, and whether the birds will be tethered or free in each holding area.**

OTHER INFORMATION:

Please check the category below for the maximum number of raptors that you intend to possess for falconry and raptor abatement purposes for the next three years.

___ **1-6**

___ **7-25**

___ **>25** (Please complete page 4)

I. APPLICANT'S CERTIFICATION:

I hereby certify that I have read and understand the federal and state laws and regulations on raptor abatement 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 propagation 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

TO BE COMPLETED BY APPLICANTS THAT PROPOSE TO HAVE ABATEMENT FACILITIES WITH >25 BIRDS:

A. Raptor care:

Will you require assistants to care for the number of birds that you indicated?

If so, please indicate how many: Fulltime_____ Part-time_____

If you do not require assistants, who will care for your birds if you are out of town or unable to care for them yourself?

Name Phone Number Falconry/Propagation Permit Number

What veterinarian facilities will you be using?

Vet or Clinic Name Phone number

Address

B. Raptor Food requirements:

What types of food do you intend to feed the raptors under your permit?

Do you plan to raise or purchase the food needed to feed the raptors under your permit?

What is the estimated daily and monthly quantity of food that you will need to adequately feed the raptors under you permit?

Will you need additional state or local permits licensing, or environmental review for the number of raptors and prey that you will be housing? Please list and attach copies of documentation.
