



Oregon Department of Fish and Wildlife
 Falconry Program, Wildlife Division
 4034 Fairview Industrial Drive SE
 Salem, OR 97302
 Phone: (503) 947-6300 FAX: (503) 947-6330
ODFW.Falconry@ODFW.Oregon.Gov

FOR OFFICIAL USE ONLY	
Approved	_____
Class	_____
PRT #	_____
License	_____
Date Issued	_____
Exp. Date	_____

Oregon Falconry License Application

Name: _____

Physical Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Applicant's Date of Birth: _____ Social Security Number: _____
(Required by federal and state laws)

1. Class of Falconry License Applying for: Apprentice General Master

2. a. Have you ever had a falconry license before? Yes No

If yes, complete below and attach copy of falconry license.

Date	Permit # and State	Status (Apprentice/General/Master)

b. Do you have a current falconry license from another state? Yes No

If yes, complete below and attach copy of falconry license.

Date	Permit # and State	Status (Apprentice/General/Master)

3. Have you had experience holding or training raptors? *If yes, list:* Yes No

Species	When (Year)	Where (Other State or Country)

4. a. Do you currently have a valid state or federal permit to hold raptors other than falconry (i.e., Propagation, Rehabilitation, Abatement, Other)? *If yes, list:* Yes No

Type of Permit	Permit #	Valid Dates

5. Please list the number and species of raptors now held and what permit they are held under:
Attach additional page if needed.

Species	Permit #

I 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 the Oregon Department of Fish and Wildlife falconry regulations, OAR Chapter 635, Division 55. I further certify that I am a resident of Oregon and do not claim residency in another state.

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. 100, cancelation of the application, revocation of my falconry license, and/or other legal penalties.

Applicant Signature

Date

Signature of Parent or Guardian*
(If 14-17 years old, parent or guardian must cosign application)

Date

**Must be 14 years or older*

****FOR APPRENTICE APPLICANTS ONLY****

To be Completed by Sponsor

I certify that I am at least 18 years of age and possess at least three years of experience at the General Falconer level or a Master Falconer.

As a sponsor to an Apprentice Falconer, I verify that I am willing to assist the applicant in learning about the husbandry and training of raptors held for falconry, relevant wildlife laws and regulations, and in deciding which permitted raptor species is appropriate to possess while an Apprentice Falconer. I agree to supervise and guide the Apprentice Falconer on care, capture and training of raptors and will submit a written recommendation to the Department when the Apprentice is qualified to become a General Falconer.

 Signature of Sponsor

 Sponsor Falconry License Number

 Address of Sponsor

 Sponsor Falconer Class

 City, State, Zip of Sponsor

 Sponsor Phone Number

 Date

Please list other Apprentice falconers who you currently sponsor _____