



APPLICATION FOR INDIANA FALCONRY LICENSE

State Form 27021 (R7 / 6-22)
Approved by State Board of Accounts, 2022
DEPARTMENT OF NATURAL RESOURCES

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Attn: Commercial Licenses
Division of Fish and Wildlife
402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Telephone number: (317) 233-6527
Fax Number: (317) 232-8150
www.wildlife.IN.gov

FEE: \$75.00

- Instructions:
1. Please type or print information.
 2. Be sure to read all regulations.
 3. Mail completed application and license fee to address show at right.

Please check one: New Applicant Renewal

Name of Applicant (First, Middle Initial, Last)	Date of Birth (month, day, year)
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Address (Number and Street or Rural Route)
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City	State	ZIP Code
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County	Telephone Number ()	E-Mail Address
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Address where birds will be located (if different than above)

Class of license requested: <input type="checkbox"/> Apprentice <input type="checkbox"/> General <input type="checkbox"/> Master	License Number (If applicable):
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If apprentice, list name of sponsoring falconer:	License Number of sponsor (If applicable):
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DESCRIPTION OF RAPTORS POSSESSED (If applicable)

#1 Species _____ Band Number _____

#2 Species _____ Band Number _____

#3 Species _____ Band Number _____

If additional space is needed, please attach a piece of paper with the required information.

If general or master class, list unused bands possessed: _____

Please mail check or money order in the amount of \$75.00, payable to the Indiana Division of Fish and Wildlife, to the address listed at the top of the page.

I certify that I have read and am familiar with the regulations in title 50, part 13, of the Code of Federal Regulations and other applicable parts in subchapter B of chapter 1 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. I certify under penalties of perjury (IC 35-44-2-1), that the information supplied by me is true and correct

Signature of Applicant	Date (month, day, year)
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If applicant is under the age of eighteen (18), a parent or legal guardian must sign that is legally responsible for the applicant's activities.

Signature of Parent/Legal Guardian	Date (month, day, year)
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FOR OFFICE USE ONLY

Issue Date	Expiration Date	Check Number
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License Number:	Approved by	Date
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Comments:
