



APPLICATION FOR FALCONRY LICENSE

State Form 27021 (R6 / 7-13)
Approved by State Board of Accounts, 2013
DEPARTMENT OF NATURAL RESOURCES

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Attn: Permit Coordinator
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

FEE: \$60.00

- 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 (<i>First, Middle Initial, Last</i>)		Date of Birth (<i>month, day, year</i>)
Address (<i>Number and Street or Rural Route</i>)		
City	State	ZIP Code
County	Telephone Number ()	E-Mail Address
Address where birds will be located (<i>if different than above</i>)		
Class of license requested: <input type="checkbox"/> Apprentice <input type="checkbox"/> General <input type="checkbox"/> Master		License Number (<i>If applicable</i>)
If apprentice, list name of sponsoring falconer:		License Number of sponsor (<i>If applicable</i>):
DESCRIPTION OF RAPTORS POSSESSED (<i>If applicable</i>)		
#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 \$60.00, 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 (<i>month, day, year</i>)
<i>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.</i>		
Signature of Parent / Legal Guardian		Date (<i>month, day, year</i>)
FOR OFFICE USE ONLY		
Issue Date (<i>month, day, year</i>)	Expiration Date (<i>month, day, year</i>)	Check Number
License Number	Approved by:	Date (<i>month, day, year</i>)
Comments:		