



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT
APPLICATION FOR FALCONRY PERMIT
P.O. Box 6150, Tallahassee, FL 32314-6150
(850) 488-6253



Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____ Height: _____

Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____

Phone number where employed: _____ Social Security Number: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Location where the proposed activity is to be conducted: _____

Do you hold any currently valid Fish and Wildlife license or permit (if yes, please list license or permit numbers):
Yes No
Current permit numbers: _____

If required by any state, U.S. Territory, Indian Tribe, or foreign government, do you have or have you had a permit or their approval to conduct the activity you propose (if yes, list the jurisdictions, classification of permits, and type of documents):
Yes No
Jurisdictions, classifications, and type of documents: _____

Certification: I certify that the information provided is true and correct. I agree to adhere to the provisions of Chapter 379 Florida Statutes, and the rules and regulations of the Commission pertaining to the possession of wildlife. I understand that my wildlife facilities are subject to inspection by Commission personnel as required by Florida Statute.

Signature (in ink): _____
Date: _____