



**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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 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.

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: \_\_\_\_\_