

APPLICATION FOR APPRENTICE FALCONRY PERMIT

**Complete and return to:
Arkansas Game and Fish Commission - WMD
PO Box 529
Casscoe, AR 72026**

Name of Applicant _____
Last First Middle

Permanent Mailing Address _____
Street

City State Zip code

Phone
(Home) _____ (work) _____ (Cell) _____

Date of Birth _____

Email address _____

Signature of Sponsor:
(General or Master Falconer) _____

Name of Sponsor _____

Sponsor's Address: _____

City State Zip code

Location where bird will be kept if permit is granted:

What do you intend to feed your bird? _____

Where will you obtain the food? _____

Have you had any experience with handling birds of prey or with falconry?

Have you had any experience with hunting and do you currently hunt?

It is understood that an Apprentice Falconry Permit may be issued at the Discretion of the Arkansas Game and Fish Commission and may be revoked at any time for failure to comply with any of the terms of said permit. This application does not in any way constitute authority to capture or hold native raptors.

Federal regulations require:

ii) An original, signed certification that you are particularly familiar with:

§ 10.13 of this subchapter

<https://www.law.cornell.edu/cfr/text/50/10.13>

That you are familiar with the list of migratory bird species to which the Migratory Bird Treaty Act applies; part 13 of this subchapter

<https://www.law.cornell.edu/cfr/text/50/part-13>,

general permit regulations; part 21 of this subchapter

<https://www.law.cornell.edu/cfr/text/50/part-21>,

migratory bird permits; and eagle regulations in part 22 of this chapter

<https://www.law.cornell.edu/cfr/text/50/part-22>

Please review the regulations at the above links. Then, please read and sign below.

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.

Signed _____

Date _____

Mail application signed by applicant as well as sponsor to:

**Karen Rowe
AGFC Wildlife Management Division
PO Box 529
Casscoe, AR 72026**