

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	ty is to be conducted:			
f required by any state, U.S. Territor approval to conduct the activity you documents):	propose (if yes, list the			
urisdictions, classifications, and type	of documents:			
I certify that I have read and am far and the other applicable parts in sul complete and accurate to the best of subject me to the criminal penalties	bchapter B of chapter I of my knowledge and b	of title 50, and that the info	rmation I have su	ıbmitted is
Certification: I certify that the information 379 Florida Statutes, and the rules a understand that my wildlife facilities	and regulations of the	Commission pertaining to the	e possession of w	rildlife. I
Signature (in ink):				
Date:				

The Florida Fish and Wildlife Conservation Commission collects social security numbers for the issuance of recreational and professional fishing or hunting licenses or permits to an individual in accordance with s. 379.352 F.S. and 42 USC 666 for the purposes of administration of the Title IV-D program for child support enforcement, use by the commission, and as otherwise provided by law.