

# Falconry Apprentice License Exam

## Registration Form

For more information on this license visit [www.dec.ny.gov/permits/28632.html](http://www.dec.ny.gov/permits/28632.html)

Complete the form below to register for the Falconry Apprentice License Examination. The deadline for registering is three weeks prior to the exam date. Exams are held on the second Friday of April and August each year. After receiving your registration, DEC will mail you information regarding the location and time of the exam. Study materials are available on the [Falconry License webpage](#).

### \*APPLICANT INFORMATION

<b>name / date of birth</b>	_____				There is no age limit for taking this exam, however, you must be 14 years old to apply for the license.
	Last	First	M.I.	DOB (mm/dd/yyyy)	
<b>address</b>	_____				
	Street Address	Apartment/Unit	City		
	County			State	Zip Code
<b>email / telephone</b>	_____				( _____ ) _____ - _____
	Email				Telephone

EXAMINATION DATE	EXAMINATION LOCATION	LIST OF DEC REGIONAL OFFICES & CITY				
<p>Indicate The Month You Are Registering To Take The Exam In The Check Box Below.</p> <p>Exams Are Held On The Second Friday Of The Month</p> <p><input type="checkbox"/> APRIL</p> <p><input type="checkbox"/> AUGUST</p>	<p>In Order Of Preference, List The Dec Region Number And City Location Where You Would Like To Take The Examination</p> <table border="1"> <tr> <td style="text-align: center;"><b>FIRST PREFERENCE</b></td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><b>SECOND PREFERENCE</b></td> <td>_____</td> </tr> </table>	<b>FIRST PREFERENCE</b>	_____	<b>SECOND PREFERENCE</b>	_____	<ul style="list-style-type: none"> <li>Region 1 – Stony Brook</li> <li>Region 2 – Long Island City</li> <li>Region 3 – New Paltz</li> <li>Region 4 – Schenectady</li> <li>Region 4 – Stamford</li> <li>Region 5 – Ray Brook</li> <li>Region 5 – Warrensburg</li> <li>Region 6 – Watertown</li> <li>Region 6 – Utica</li> <li>Region 7 – Cortland</li> <li>Region 8 – Avon</li> <li>Region 9 – Buffalo</li> <li>Region 9 - Allegany</li> </ul>
<b>FIRST PREFERENCE</b>	_____					
<b>SECOND PREFERENCE</b>	_____					

You will be notified prior to the exam date as to which location you will be taking the exam.

### SPECIAL ACCOMMODATIONS

<p>please let us know if you require any special accommodation due to disability. indicate the nature of accommodations needed in the space to the right, or on a separate page</p>	
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#### MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:

NYS Department of Environmental Conservation  
Special Licenses Unit · 5th Floor  
625 Broadway · Albany, New York 12233

For questions or concerns, please contact us  
Phone: (518) 402-8985 · Fax: (518) 402-8925  
Email: [SpecialLicenses@dec.ny.gov](mailto:SpecialLicenses@dec.ny.gov)  
Website: [www.dec.ny.gov/63.html](http://www.dec.ny.gov/63.html)