

Falconry License

Annual Falconry Report

For more information on this license visit www.dec.ny.gov/permits/28632.html

Report Year _____

License Number

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License Class

Apprentice
 General
 Master

last name	first name	mi	(____) _____ telephone number	email
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RAPTORS IN YOUR POSSESSION AT THE BEGINNING OF CALENDAR YEAR

band number	species	sex	date obtained	origin (e=eyas, p=passage, cb=captive bred, o=other)	where obtained (enter state/county or, individual's name)

RAPTORS ACQUIRED DURING THE CALENDAR YEAR

band number	species	sex	date obtained	origin (e=eyas, p=passage, cb=captive bred, o=other)	where obtained (enter state/county or, individual's name)

RAPTORS ESCAPED OR LOST DURING THE CALENDAR YEAR

band number	species	date obtained	physical condition	equipment lost	location	escape date

RAPTORS THAT DIED DURING THE CALENDAR YEAR

band number	species	date obtained	cause of death	date of death

last name	first name	mi	() telephone number	email
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RAPTORS TRANSFERRED TO ANOTHER PERSON DURING THE CALENDAR YEAR

band number	species	date originally obtained	transferred to (name, address, phone #, e-mail address)	their state and federal license numbers	date transferred

RAPTORS INTENTIONALLY RELEASED TO THE WILD DURING THE CALENDAR YEAR

band number	species	date originally obtained	physical condition	location released	date released

BANDS REPLACED DURING THE CALENDAR YEAR

old band number	species	date originally obtained	new band number	why the band was replaced	date band replaced

HUNTING ACTIVITIES DURING THE CALENDAR YEAR

raptor species possessed	days hunted	total number of species taken during the calendar year							did not hunt
		rabbit	squirrel	pheasant	duck	grouse	quail	non-game	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

***NOTICE:** Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Law.

Applicant's Signature _____

Date _____

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
Website: www.dec.ny.gov/63.html