

FALCONRY PERMIT APPLICATION

Permit Fee \$25.00/3years
(April 1 - March 31)



NEW MEXICO DEPARTMENT OF GAME & FISH
FIELD OPERATIONS DIVISION
SPECIAL USE PERMITS PROGRAM
P.O. BOX 25112
SANTA FE, NEW MEXICO 87504
(505) 476-8064 / Fax (505) 476-8133
Email: [DGF.Permits@state.nm.us](mailto: DGF.Permits@state.nm.us)

FOR DEPT. USE ONLY

Check # _____

Amount\$ _____

Date ____/____/____

Initials _____

Exam

Mew Inspection

Sponsor (if required)

Falconer Permit Application for: APPRENTICE GENERAL MASTER

NAME		EMAIL	
BUSINESS NAME		WEBSITE	
ADDRESS (mailing)		ADDRESS (physical)	
CITY, STATE, ZIP			
TELEPHONE (Cell)		(Home)	
DATE OF BIRTH		FAX	

Non-residents - Attach any applicable out-of-state falconry permits to this application. Out-of-state raptors permanently moving to the New Mexico with applicant require an Importation Permit prior to entering the state [Statute 17-3-32-1 NMSA 1973].

Permitted resident falconers may take raptors from the wild, as defined by their falconry class and within the Raptor Take Policy established by the director of the department.

WHAT SPECIES DO YOU PLAN TO POSSESS OR ALREADY POSSESS?				
SPECIES	SEX	AGE	DATE OBTAINED	OBTAINED FROM

MEW FACILITY AND EQUIPMENT	
Location address where raptor(s) will be kept*	
Describe means providing bathing/drinking water	

*A mew facility inspection by a Master Falconer or department representative will be required prior to possessing a raptor.

On a separate sheet, describe your existing or planned indoor/outdoor facilities for housing and shelter of raptors. Include pertinent information on construction materials, ventilation, exposure, insulation, indoor and outdoor perches. Demonstrate the adequacy of these facilities for protecting captive raptors from injury, summer sun, severe weather, disease, predators, and excessive human disturbance. Also attach a **sketch drawn** to scale (indicating dimensions) and **photograph(s)**, if available.

Indicate falconry equipment that will be available: Jesses Leashes Swivels Indoor perch

Bath pan Scales Hoods Bells Lure Gloves Outdoor perch

FALCONRY EXPERIENCE			
DESCRIBE ANY PREVIOUS FALCONRY EXPERIENCE YOU HAVE			
NAME ANY LOCAL, STATE OR NATIONAL FALCONRY ORGANIZATION OF WHICH YOU ARE A MEMBER OF			
LIST AT LEAST FOUR SIGNIFICANT PUBLICATIONS YOU HAVE STUDIED ON THE PRACTICE OF FALCONRY			
GENERAL & MASTER APPLICANTS			
Provide contact information of two references qualified to attest to your experience for an advanced permit			
APPRENTICE APPLICANTS ONLY – SPONSORS INFORMATION			
SPONSORS NAME		PERMIT CLASS	
ADDRESS (mailing)		PHONE/EMAIL	
APPLICANTS LESS THAN 18 YEARS OF AGE MUST PROVIDE THE FOLLOWING			
PARENT OR LEGAL GUARDIAN NAME		PHONE	
ADDRESS (mailing)		EMAIL	
PARENT OR LEGAL GUARDIAN APPROVAL SIGNATURE		DATE	

The falconry examination and new facility inspection will be conducted by a department representative or a licensed Master Falconer and is required prior to permit issuance and possessing a raptor.

Please contact the Special Use Permits office at DGF.Permits@state.nm.us or 505-476-8064 for more information.

I CERTIFY THAT I HAVE READ THE STATE AND FEDERAL REGULATIONS PERTAINING TO FALCONRY AND ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

Signature of Applicant

Date