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



NEW MEXICO DEPARTMENT OF GAME & FISH LE FIELD OPERATIONS DIVISION SPECIAL USE PERMITS PROGRAM ONE WILDLIFE WAY SANTA FE, NM 87507 Email: DGF.Permits@dgf.nm.gov

FOR DEPT. USE ONLY				
Check #				
Amount\$				
Date//				
Initials				
🗆 Exam				
□ Mew Inspection				
□ Sponsor (if required)				

Falconer Permit Application for: APPRENTICE

GENERAL

MASTER

NAME	EMAIL	
<b>BUSINESS NAME</b>	WEBSITE	
ADDRESS (mailing)	ADDRESS	
CITY, STATE, ZIP	(physical)	
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	OB	TAINED 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.						
<b>On a separate sheet</b> , 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 <b>sketch drawn</b> to scale (indicating dimensions) and <b>photograph(s)</b> , if available.						
Indicate falconry equipment that	will be av	ailable:	Jesses	Leashes	Swivels	Indoor perch
Bath pan Scales	Hood	ls 🗌	Bells	Lure	Gloves	Outdoor perch

FALCONRY EXPERIENCE						
DESCRIBE ANY PREVIO FALCONRY EXPERIENC						
NAME ANY LOCAL, STATE OR NATIONAL FALCONRY ORGANIZATION OF WHICH YOU ARE A MEMBER OF						
LIST AT LEAST FOUR SI	CNIFICANT					
PUBLICATIONS YOU HAVE STUDIED						
ON THE PRACTICE OF F	ALCONKY					
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			PERM	T CLASS		
ADDRESS (mailing)			PHON	E/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 mew 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 Permits Program at <u>DGF.Permits@dgf.nm.gov</u> for more information. You can also reach out to the NM falconry association via their website.

## 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