



MISSOURI DEPARTMENT OF CONSERVATION
 P.O. BOX 180
 JEFFERSON CITY, MO 65102

OFFICE USE ONLY

PHONE: (573) 522-4115 (EXT. 3266)
 FAX: (573) 751-8971
 EMAIL: FALCONRYPERMITS@MDC.MO.GOV

Application for Falconry Permit (CODE 640)

All required (*) fields must be completed or application will be returned to applicant for completion.

SECTION 1: If renewing a commercial permit, enter the permit number here.

Permit #:

SECTION 2: Individual Information (Permit will be issued in the individual's name.)

*County:

*Individual Name:

*Address:

*City:

*State:

*ZIP Code:

*Telephone:

Email:

PERMIT TYPE

PRICE

Falconry Permit (Code 640)

\$126.00

GENERAL INFORMATION

Date of Birth:

Class Applied for (check one):

Apprentice

General

Master

If **Apprentice**, list name, address and permit number of sponsor **Name:**

Address:

Sponsor's Permit #:

Years served in each class:

Apprentice _____

General _____

Master _____

List below each bird to be possessed under this permit:

Species

Age

Sex

Date Acquired

Source

Species	Age	Sex	Date Acquired	Source
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Per Federal Regulation: "I certify that I have read and am familiar with the regulations in title 50, part 13, of the Code of Federal Regulations and the other applicable part in subchapter B of chapter I of title 50, and that the information I have submitted is complete and accurate to the best of my knowledge and belief. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. 1001."

Protection Staff Use Only

Approved Disapproved

Signature: _____

Date: _____

Signature constitutes acceptance of all rules pertaining to the above permit(s) according to the *Wildlife Code of Missouri*.

Applicant Signature: _____ Date: _____

Applicant's Title (if applicable – **required** for business applications): _____

All permits expire June 30 unless otherwise provided in the *Wildlife Code of Missouri*.

This is not a permit and does not entitle the applicant to operate.

Check enclosed (Made payable to: **Missouri Department of Conservation**)

Credit/Debit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer. As required by State Law, payments by debit or credit card will be charged an extra convenience fee according to the chart below. The fee will be added to the amount of the purchase and the cardholder's statement will show the combined amount. This fee is paid to the payment processor, not the Missouri Department of Conservation.

Credit/Debit Card Use Fees
2% of transaction amount, plus \$.25 per transaction will be added to your total.

Credit Card Type: Visa MasterCard Discover

Credit/Debit Card Number: _____

Expiration Date: _____ 3-Digit Security Code: _____

Phone Number (**Required**): _____ Signature: _____

Mail application to: **Missouri Department of Conservation**
Attn: Protection (Falconry Permits)
P.O. Box 180
Jefferson City, MO 65102

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