

MISSISSIPPI DEPARTMENT OF WILDLIFE, FISHERIES, AND PARKS
WILDLIFE BUREAU
1505 EASTOVER DRIVE
JACKSON, MISSISSIPPI 39211-6374

APPLICATION FOR ORIGINAL FALCONRY PERMIT

Print or type all information:

Date _____

Name _____
Last First Full Middle Name

Address _____
Street, Box or Rt. City State Zip

Date of Birth _____
Month Day Year Citizenship USA _____ Other (Specify) _____

Telephone No. _____(W) _____(H) _____(M)

E-mail Address _____

If applicant is between the ages of *twelve and *eighteen or if applicant has never before held a falconry license, list name and falconry permit number of sponsoring adult.

Name of Sponsoring Adult _____ Falconry Permit No. _____

This application does not authorize applicant to possess a raptor. Possession of a bird may be authorized only after the applicant has passed the examination, the facilities for keeping the bird have been inspected and approved, and a permit has been issued.

Signature of Applicant

*State and Federal Regulations require 12 years and 18 years.

(Return to attention of Houston Havens)