

# FALCONRY PERMIT APPLICATION



**NEW MEXICO DEPARTMENT OF GAME & FISH  
LAW ENFORCEMENT DIVISION  
SPECIAL USE PERMITS PROGRAM  
P.O. BOX 25112  
SANTA FE, NEW MEXICO 87504  
505-476-8064 / Fax 505-476-8133**

<b>FOR DEPT. USE ONLY</b>	
Check #	_____
Amount \$	_____
Date	____/____/____
Initials	_____
<input type="checkbox"/> Exam	
<input type="checkbox"/> Mew Inspection	
<input type="checkbox"/> Sponsor (if needed)	
<input type="checkbox"/> Federal Permit	

License Year (April 1 - March 31)  
**License Fee \$25.00 /3 years**

**Falconer Permit Application for:**     Apprentice                       General                       Master

**NAME:** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ **WEBSITE** \_\_\_\_\_

**ADDRESS:** (mailing) \_\_\_\_\_ (physical) \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **NEW MEXICO RESIDENT**  Yes  No (permits are only issued to residents)

\*Non-residence - Attach all out-of-state falconry permits to this application. Out-of-state raptors permanently moving to the state with applicant require an Importation Permit prior to entering the state.

Resident falconers may take raptors from the wild, as defined by their falconry class, within the policies adopted by the department of game and fish. These policies may be obtained from the Special Use Permit Manager.

**If a permit is granted, what species do you intend to keep?** \_\_\_\_\_

**If you already possess a raptor(s), please record the following information:**

SPECIES	SEX	AGE	DATE YOU OBTAINED IT	OBTAINED FROM

**Location where raptor(s) will be kept** \_\_\_\_\_

**On a separate sheet**, describe your existing or planned indoor/outdoor facilities for housing and shelter of raptors. Include pertinent information on construction, 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.

**Describe your means of providing bathing/drinking water** \_\_\_\_\_

**Indicate falconry equipment that will be available:**     Jesses                       Leashes                       Swivels                       Gloves

Bath pan     Scales                       Hoods                       Bells                       Lure                       Indoor perch     Outdoor perch

**Describe any previous falconry experience you have had:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name any local, state or national falconry organizations of which you are a member of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the four most significant publications you have studied on the practice of falconry:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are you familiar with the laws and regulations pertaining to falconry; possession of and hunting with, raptors in the United States and the State of New Mexico?  Yes  No

Comments, if any \_\_\_\_\_

**If application is for beginner falconer permit**, give name, address, email and telephone number of experienced falconer who has agreed to provide you with advice and emergency assistance.

NAME \_\_\_\_\_ PERMIT CLASS \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

**If application is for advanced falconer permit**, attach a copy of your latest falconry permit and provide names, addresses and telephone numbers of two references qualified to judge your qualifications for such a permit.

1. \_\_\_\_\_
2. \_\_\_\_\_

**If applicant is less than 18 years of age**, provide name, address and telephone number of parent or legal guardian

\_\_\_\_\_  
\_\_\_\_\_

**Signature of parent or legal guardian**, indicating parent's or guardian's **approval** of applicant's possession of a falconer permit:

\_\_\_\_\_  
Approval Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

The examination and inspection of mews will be conducted by a department employee or a licensed Master Falconer.

Please contact NMDGF Special Use Permits office at 505-476-8064 for more information.

**I CERTIFY THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT AND THAT, IF THE REQUESTED PERMIT IS GRANTED, I WILL COMPLY WITH ALL STATE AND FEDERAL REGULATIONS PERTAINING TO FALCONRY.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date