



APPLICATION

North Carolina Falconry License

In-State Out-of-State

Part I: Applicant Information				
Applicant's Name	_____ (Last)	_____ (First)	_____ (M. Initial)	Telephone # () _____
Mailing Address	_____ (Street)	_____ (City)	_____ (State)	_____ (Zip Code)
(Date of Birth)	(Driver's License #, State)	(County)	(Email)	

Part II: Permit Class:				
Apprentice with two years of experience (without sponsor) and General and Master class applicants must produce satisfactory evidence of the prerequisite experience or its equivalent.				
<input type="checkbox"/> Apprentice	_____	Sponsor	Telephone # _____	Permit # _____
	_____ (Street)	_____ (City)	_____ (State)	_____ (Zip Code)
<input type="checkbox"/> General <input type="checkbox"/> Master	— requires two years of experience at apprentice level — requires five years of experience at general level			

Additional permits may be required depending on species and location of collection. Contact the US Fish & Wildlife Service, US Forest Service, National Park Service, or NC DENR division of Parks and Recreation for information on additional permits.

Part III: Species Information				
Species	Age	Sex	Date of Acquisition	How or From Whom Obtained

** Attach additional pages as needed **

Part IV: Facilities and Equipment	
Are your facilities and equipment ready for inspection and certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has sponsor (if required) inspected facilities and equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of facilities:	_____ (Street) _____ (City) _____ (State) _____ (Zip Code)

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 parts 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.

Applicant Signature _____	Date _____
WRC USE ONLY	
Facilities Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Inspected By:	_____
Permit Issued:	_____
(Date)	(Permit Number)

Send completed application with a check or money order for \$10.00 plus \$2.00 for the transaction fee made payable to NCWRC to:
 N.C. Wildlife Resources Commission
 1707 Mail Service Center
 Raleigh, NC 27699-1707

 1(888) 248-6834 www.ncwildlife.org