



KANSAS DEPARTMENT OF WILDLIFE AND PARKS
512 SE 25th Ave., Pratt, KS 67124
(620) 672-5911

FALCONRY TRAPPING AUTHORIZATION APPLICATION

COMPLETED FORMS MAY BE E-MAILED TO SARAH.NAVARRO@KS.GOV

TYPE OF AUTHORIZATION APPLYING FOR

(Please check all that apply)

GENERAL TRAPPING _____

PEREGRINE TRAPPING _____

TARGET SPECIE(S)

(List all that apply)

APPLICANT INFORMATION

NON-RESIDENTS APPLYING MUST ATTACH COPIES OF CURRENT STATE PERMITS

NAME OF APPLICANT

EMAIL ADDRESS

MAILING ADDRESS

CITY, STATE, ZIP

HOME PHONE NUMBER

WORK PHONE NUMBER

STATE PERMIT NUMBER

PERIOD OF ACTIVITY REQUESTING

GENERAL TRAPPING: January 1 to December 31, 20 ____

PEREGRINE TRAPPING: September 20 to October 20, 20 ____

I, _____, certify that all statements are true and correct.

I will comply with all Federal and State Falconry regulations if authorization is granted.

SIGNATURE OF APPLICANT

DATE

PLEASE ALLOW 30 DAYS FOR PROCESSING