

**KANSAS DEPARTMENT OF WILDLIFE & PARKS
FISHERIES AND WILDLIFE DIVISION
512 SE 25TH AVE, PRATT, KS 67124
(620)672-5911**

FALCONRY TRAPPING/RELEASE AUTHORIZATION APPLICATION

PLEASE ALLOW 30 DAYS FOR PROCESSING

<u>*TYPE OF AUTHORIZATION APPLYING FOR*</u> (Check One)	
RELEASE: _____	TRAPPING: _____
SPECIES RELEASING: _____	

<u>*APPLICANTS INFORMATION*</u> (NON-RESIDENTS APPLYING MUST ATTACH COPIES OF <u>CURRENT</u> STATE PERMITS)		
NAME:		EMAIL:
HOME PHONE:		WORK PHONE:
ADDRESS:		CITY, STATE, ZIP:
STATE PERMIT NUMBER:		

<u>*PERIOD OF ACTIVITY*</u>	
TRAPPING: January 1 to December 31 20__	
RELEASE: _____ 20__ (Month) (Day)	

I, _____, certify that all statements are true and correct. I will comply with all Federal and State Falconry regulations if authorization is granted.

Applicants Signature

Date