



FALCONRY TRAPPING AUTHORIZATION

Application

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

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

| TYPE OF AUTHORIZATION APPLYING FOR (Please check all that apply) | TARGET SPECIE(S) (List all that apply) |
|---|---|
| GENERAL TRAPPING | _____ |
| PEREGRINE TRAPPING | _____ |
| | _____ |

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 |
| CLASSIFICATION | STATE PERMIT NUMBER |

PERIOD OF ACTIVITY REQUESTING

GENERAL TRAPPING: January 1 to December 31, 20 ____

PEREGRINE TRAPPING: September 20 to October 20, 20 ____

Pursuant to K.S.A 53-601(a)(2), I _____, declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct. I will comply with all Federal and State falconry regulations if permit is granted.

PLEASE ALLOW 30 DAYS FOR PROCESSING

| | |
|------------------------|------|
| SIGNATURE OF APPLICANT | DATE |
|------------------------|------|