



**WYOMING GAME AND FISH DEPARTMENT
RESIDENT RAPTOR CAPTURE LICENSE APPLICATION
FOR THE YEAR 2020**

FEE - \$39.00

OFFICE USE ONLY
LICENSE #:
DATE:
INITIALS:

No person shall receive more than two (2) general raptor capture licenses **OR** one (1) general raptor capture license and one (1) limited quota raptor capture license in any calendar year. No person shall receive more than one (1) limited quota raptor capture license in any calendar year.

Applications for general raptor capture licenses for all raptor species will be accepted January 1 through December 31 for the calendar year in which the license is valid. Separate applications and fees shall be submitted for each raptor applied for. Applications for limited quota raptor capture licenses for peregrine falcons shall be submitted not later than March 1 during the calendar year in which the licensee intends to take a peregrine falcon. All applications shall be submitted to the License Section as indicated below.

The Department, on a drawing basis, may issue a maximum of five (5) limited quota raptor capture licenses to capture peregrine falcons annually. In the drawing, four (4) licenses shall be reserved for residents and one (1) license shall be reserved for a non-resident.

_____	_____	_____	_____	_____	_____
LAST NAME	FIRST NAME	M.I. Suffix	DATE OF BIRTH (Month/Day/Year)		
XXX-XX-_____	_____	_____	_____	_____	_____
SOCIAL SECURITY NUMBER (Last 4 digits required)	Hair Color	Eye Color	Gender	Weight	Height (Feet/Inches)
_____	_____	_____	_____	_____	_____
MAILING ADDRESS	CITY	STATE	ZIP CODE		
_____	_____	_____	_____		
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE		
_____	_____	_____	_____		
SPORTSPERSON I. D.	EMAIL ADDRESS (optional)	PHONE NUMBER			
_____	_____	_____			

PROOF OF WYOMING RESIDENCY:

YRS WY RES. or Days Active Military in WY	ONE of the following must be provided:	WY Driver's License Number or WY ID Card Number	OR	Complete the PROOF OF RESIDENCY form ON REVERSE SIDE
<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>		

Under penalty of prosecution, I swear or affirm that the information given by me above and below my signature is true and correct. I swear, under penalty of prosecution, that I am a Wyoming resident as defined in W.S. 23-1-102(a)(ix)(xv), 23-2-101(a) and 23-1-107 and have been domiciled in Wyoming for not less than one (1) year and have not claimed residency elsewhere for any purpose during the one (1) year immediately preceding the date of application for this license.

OR

_____	_____	_____	_____
APPLICANT'S SIGNATURE	DATE	PARENT/LEGAL GUARDIAN'S SIGNATURE (If Resident applicant is under the age of 18)	DATE

Check the box only if you would like your e-mail address, year of birth, and telephone number **made available** as public information as per state law (W.S. § 23-1-706). Other Information given on application may be made available as public information, except as provided by law.

Applicant applying for:

GENERAL RAPTOR CAPTURE LICENSE: Accipitriformes, Falconiformes (except Peregrine falcon), Stringiformes as listed in 50 CFR 10.13.
Application period: January 1 – December 31.

GENERAL RAPTOR CAPTURE LICENSE: Golden eagles shall only be taken in accordance with Commission Regulation, Chapter 25, Falconry and Raptor Propagation Regulation.

LIMITED QUOTA RAPTOR CAPTURE LICENSE: (Peregrine Falcon)
Application period: January 1 – March 1.

FALCONRY PERMIT NUMBER:

_____ **USFWS Issued Permit** **Permit #:** _____

_____ **State Issued Permit** **Permit #:** _____ **State Issued:** _____

A COPY OF YOUR PERMIT TO PRACTICE FALCONRY FROM A STATE MEETING FEDERAL FALCONRY REQUIREMENTS **MUST** ACCOMPANY THIS APPLICATION.

NOTE: ONLY CERTIFIED CHECK, CASHIER'S CHECK OR MONEY ORDER WILL BE ACCEPTED. PERSONAL CHECKS WILL BE ACCEPTED FROM WYOMING RESIDENTS. NO TWO PARTY CHECKS ACCEPTED

Please mail completed application, copy of your falconry permit and proper fee to: Wyoming Game and Fish Department, License Section, 5400 Bishop Blvd, Cheyenne, WY 82006-0001

REV 10/19