



**WYOMING GAME AND FISH DEPARTMENT  
RESIDENT RAPTOR CAPTURE LICENSE APPLICATION  
FOR THE YEAR 2024**

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)	
_____ 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	

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

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
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<input type="checkbox"/>	Check the box only if you would like your e-mail address, year of birth, and telephone number <b>made available</b> 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.
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<p>Applicant applying for:</p> <p><input type="checkbox"/> <b>GENERAL RAPTOR CAPTURE LICENSE:</b> Accipitriformes, Falconiformes (except Peregrine falcon), Stringiformes as listed in 50 CFR 10.13. Application period: January 1 – December 31.</p> <p><b>GENERAL RAPTOR CAPTURE LICENSE:</b> Golden eagles shall only be taken in accordance with Commission Regulation, Chapter 25, Falconry and Raptor Propagation Regulation.</p>
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<p><input type="checkbox"/> <b>LIMITED QUOTA RAPTOR CAPTURE LICENSE:</b> (Peregrine Falcon) Application period: January 1 – March 1.</p>
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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 10/2023
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**PROOF OF WYOMING RESIDENCY**

If you do not have a current Wyoming driver’s license or a current Wyoming Identification card, the following information must be provided. FAILURE TO PROVIDE THIS INFORMATION SHALL RESULT IN THE DENIAL OF A LICENSE BEING ISSUED.

**PLEASE PROVIDE A VERIFIABLE ANSWER TO ONE OF THE FOLLOWING (Please Print):**

- 1. I, or the person for whom I am applying (resident applicant under the age of 18), have/has resided at the following address(es) for the past one (1) year immediately preceding the date of this application:

\_\_\_\_\_/\_\_\_\_\_  
Street Address Mailing Address

- 2. I have attended the following Wyoming school(s) for the past one (1) year immediately preceding the date of this application:\_\_\_\_\_ Location:\_\_\_\_\_

- 3. If a minor dependent, name of parent or legal guardian who is a Wyoming resident:\_\_\_\_\_

- 4. I am currently an active duty member of the military and have been stationed in Wyoming for ninety (90) days or more, but was NOT a Wyoming resident when I entered the military.

\_\_\_\_\_YES, I meet the above criteria per W.S. § 23-1-107(f).

- 5. I was a resident of Wyoming at the time I entered the military and am currently serving in active military duty outside of Wyoming; AND I have made no claim of residency in any other state, territory or country for any purpose; AND Wyoming remains my declared home of record.

\_\_\_\_\_YES, I meet the above criteria per W.S. § 23-1-107(f).

- 6. I was NOT a Wyoming resident when I entered military service, but was stationed in Wyoming for ninety (90) days or more and am currently serving in active military duty outside of Wyoming; AND I have made no claim of residency in any other state, territory or country for any purpose; AND I have established my home of record in Wyoming; AND I have maintained my voter registration in Wyoming.

\_\_\_\_\_YES, I meet the above criteria per W.S. § 23-1-107(f).

- 7. I am the spouse or minor dependent of an active duty member of the military qualifying as a Wyoming resident per W.S. § 23-1-107(f); AND I have made no claim of residency in any other state, territory or country for any purpose.

\_\_\_\_\_YES, I meet the above criteria per W.S. § 23-1-107(g).

I further understand that the Wyoming Game and Fish Department will check the information provided to verify applicant’s residency in the state of Wyoming.

\_\_\_\_\_  
Resident Applicant’s Signature

OR

\_\_\_\_\_  
Parent/Guardian Signature  
(If applicant is under the age of 18; required if applicant is less than 14 years old.)