

Wyoming Falconry Permit Application Raptor Facilities and Equipment Inspection Report

Date: _____

Applicant's Name _____

Location of Facilities: _____

Address: _____

Email Address: _____

PART 1 - FACILITIES		YES	NO
1.	At least one suitable perch for each raptor		
2.	At least one opening for sunlight		
3.	Each raptor has an area large enough to allow it to fly if it is untethered, or if tethered, to fully extend its wings or bate (attempt to fly while tethered) without damaging its feathers or contacting other raptors		
4.	Each raptor has access to a pan of clean water available unless weather conditions, the perch type or some other factor makes it unsafe for the raptor		
5.	Space to allow easy access for the care and feeding of raptors		
6.	If raptors are not tethered, all walls that are not solid are covered in such a manner as to protect the bird from striking or injuring itself against them. Suitable materials may include vertical bars spaced narrower than the width of the body of the smallest raptor housed in the enclosure or heavy-duty netting		
7.	Protects raptors from the environment, excessive disturbance, predators, domestic animals and other raptors		
<p><i>Other innovative housing systems may be acceptable if they provide the enclosed raptors with protection and maintain healthy feathers.</i></p>			

PART 2 – EQUIPMENT		YES	NO
1.	One pair of jesses or the materials and equipment to make them		
2.	One leash		
3.	One swivel		
4.	One bath container		
5.	Appropriate scales or balances for weighing raptor(s) possessed		

PART 3 – CURRENT RAPTORS IN POSSESSION

No birds in possession at this time.

Species	Age (Nestling, Immature, Adult)	Sex (Male, female, unknown)	Year of Hatch	Source (Captive-bred or Wild)	Band Number (if applicable)
1					
2					
3					
4					
5					

PART 4 – CERTIFICATION

_____ **Approved** - Facilities and equipment meet the standards.

_____ **Provisional Approval** - Except as indicated below, facilities and equipment meet the standards.
Applicant agrees to correct all deficiencies within 30 days (see below).

_____ **Not Approved** - Facilities and equipment fail to meet the standards (see below).

Deficiencies:

Certifying WGFD Officer

Name: _____

Title: _____

Signature: _____

Date: _____

Applicant

I agree to correct deficiencies, if any, within 30 days and to maintain facilities/equipment at or above the standards.

Signature: _____

Date: _____