



**STATE OF ILLINOIS  
DEPARTMENT OF NATURAL RESOURCES  
APPLICATION FOR RAPTOR**

<p>APPLICANT: (Full name, address &amp; phone number)</p> <p>Current Falconry License Numbers:</p> <p>How long has applicant held an Illinois Falconry License?</p> <p>Does applicant currently possess <u>any</u> raptors? If yes, identify them by species, sex and Federal Marker numbers (including those held in authorized captive propagation programs):</p>	<p>Brief description of need for requested permit (including species desired or individual bird involved):</p>  <p>Provide details on dates and locations of requested activity (include appropriate names, addresses and permit numbers when birds are being transferred):</p>
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Location where bird(s) are to be housed, if different than applicant address.

If activity to occur outside of Illinois, have you attached the necessary authorization forms from the appropriate state or foreign governments?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Certification: "I hereby certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order."

Applicants Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Failure to certify may result in denial of the application and making a false statement may subject the licensee to contempt of court[5 ILCS 100/10-65 (c)].  
Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a)(13) and 5 ILCS 100/10-65 for use under the State's child support enforcement program.

**I, the undersigned, certify that all statements contained in this application are true and correct and that if a permit is granted to me, I will comply with all state and federal regulations pertaining to falconry, wildlife and the associated hunting and possession of raptors. I further understand that the required permit will not be issued to me until I have properly submitted this application and all other appropriate documents to the Illinois Department of Natural Resources well in advance of the time I intend to conduct the requested activity.**

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

**(PERMITS ARE NOT ISSUED AFTER-THE-FACT)**

Please return completed application and check for \$50.00\* to: \_\_\_\_\_

Department of Natural Resources  
Office of Law Enforcement  
Attn: Falconry  
One Natural Resources Way  
Springfield, IL 62702-1271

For Department Use Only  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

**\*Out of State Applicants, please remit \$50\***

Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and those funded by the U.S. Fish and Wildlife Service and other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding source's civil rights office and/or the Equal Employment Opportunity Officer, IDNR, One Natural Resources Way, Springfield, IL., 62702-11271; 217/785-0067; tty 217/782-9175.

This information may be provided in an alternative format if required. Contact the IDNR Clearinghouse at 217/782-7498 for assistance.

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