



General Information: (Information required for all applicants)

Name:
Mailing Address: Street/PO City State Zip
Telephone Number: ALS #:
E-Mail Address:
Physical Location of Mews:
Class of License Applying for: (circle one) Apprentice General Master

First Time Apprentice: (Signatures required for all Apprentice applicants)

Name of Sponsor: License Number:
I certify that I have accepted the role of sponsor for the applicant and will instruct this individual throughout the first two years of the applicants apprenticeship for falconry in Montana, I am 18 years of age, have practiced Falconry in Montana for at least 2 years as a General class falconer and I am not sponsoring more than three apprentices including the applicant.
Sponsor's Signature: Date:
Parent or Guardian Signature: Date:
(Only if applicant is under 18 years of age at time of application)

Transferring License: (Information required for credit from previous experience. Must also meet Montana Residency Requirements.)

State(s) Previously Licensed:
Total Years Practicing Falconry:
Please attach copies of licenses and documentation of previous experience in Falconry in order to transfer your experience into Montana when applying for General or Master level licenses. Photo copies of current and expired falconry licenses are acceptable for documentation of previous experience.
Raptors Currently in your Possession:
Species Sex Age Band # Source Acquired Date Acquired
1)
2)
3)

I hereby certify that I have read and am familiar with the regulations contained in title 50, part 13, of the Code of Federal Regulations, the other applicable parts in subchapter B of chapter 1, title 50, Code of Federal Regulations, and the Montana Falconry regulations and statutes. I further certify that the information submitted in this application for a permit is complete and accurate to the best of my knowledge and belief.

Applicant Signature

Date

Mail application and fees to:
FWP Enforcement-Falconry
PO Box 200701
Helena, MT 59620-0701

Fees: Please include check number

First Time Apprentice \$50.00

All other Classes \$125.00

**FALCONRY INSPECTION REPORT**  
(For department use only)

**PART 1 – FACILITIES**

Address of Location \_\_\_\_\_

**A. MEWS Dimensions:** Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

- |   | Yes | No |
|---|-----|----|
| 1. Space to allow raptor(s) to fully extend wings             | —   | —  |
| 2. At least one window provided                               | —   | —  |
| 3. Each window with vertical bars/rods on inside              | —   | —  |
| 4. At least one secure door – can be easily cleaned           | —   | —  |
| 5. Floor surface dry or well drained – can be easily accessed | —   | —  |
| 6. One perch of an acceptable design for each raptor          | —   | —  |

Type: Shelf \_\_\_\_\_ Screen \_\_\_\_\_ Block \_\_\_\_\_

**B. WEATHERING AREA Dimensions:** Length \_\_\_\_\_ Width \_\_\_\_\_

- |  |   |   |
|--|---|---|
| 1. Space to allow tethered raptor(s) to bate without striking wings on side or top of facility | — | — |
| 2. Sides of facility fenced with suitable material to exclude predators                        | — | — |
- Type of fencing \_\_\_\_\_

**C. ENVIRONMENTAL PROTECTION:**

The facilities singly or in combination, provide adequate protection to the raptor(s) from

- |   |   |   |
|---|---|---|
| 1. Excessive heat (mid-day shade provided)      | — | — |
| 2. High winds and winter storms                 | — | — |
| 3. Avian and ground predators                   | — | — |
| 4. Disturbance, which would likely cause injury | — | — |

**PART 11 – EQUIPMENT**

**A. RAPTOR EQUIPMENT**

- |  |   |   |
|--|---|---|
| 1. One pair of Alymeri (style) jesses for each raptor. An Alymeri jess consists of an anklet, grommet, and a removable strap for attaching the anklet and grommet to the swivel. | — | — |
| 2. One swivel of an acceptable or approved design for each raptor  | — | — |
| 3. A reliable weighing scale or balance graduated in increments of not more than ½ ounce (15 grams)  | — | — |
| 4. Log book available and up to date   | — | — |

**PART III – CERTIFICATION**

- \_\_\_\_ Fees enclosed
- \_\_\_\_ Species and band numbers match those listed on application
- \_\_\_\_ APPROVED – Facilities and equipment meet Federal/State standards.
- \_\_\_\_ PROVISIONAL APPROVAL – Except as indicated below, facilities and equipment meet Federal/State standards. Applicant agrees to correct all deficiencies within 30 days.
- \_\_\_\_ DEFICIENCIES \_\_\_\_\_

Applicant – I agree to correct deficiencies, if any, within 30 days and to maintain facilities/equipment, at or above Federal/State Standards.

Signature \_\_\_\_\_ Class Permit Recommended \_\_\_\_\_

Signature of Inspecting Officer \_\_\_\_\_ Date \_\_\_\_\_

Regional Office Approval \_\_\_\_\_ Date \_\_\_\_\_

Helena Office Approval \_\_\_\_\_ Date \_\_\_\_\_

REMARKS AND COMMENTS: \_\_\_\_\_