



Montana Fish, Wildlife & Parks

MT FWP Use Only

Initials:

Entered Database:

MONTANA FALCONRY ACQUISITION AND DISPOSITION REPORT

SPECIES: _____ **Band Number:** _____

Sex: Male _____ Female _____ Unknown _____ **Source:** Captive-Bred _____ Wild _____

Age: Nestling _____ Immature _____ Adult _____ Year of Hatch _____

SENDER (person transferring bird) **USFWS No.** _____ **STATE PERMIT No.:** _____

Name: _____ Date of Transfer (or other action): _____

Address: _____ City: _____ State: _____ Zip: _____

Permit Type: Falconry _____ Raptor Propagation _____ Other: _____

If a transfer: Gift _____ Sale _____ Loan _____

If Release or Loss: Release _____ Escape _____ Theft _____ Death _____ (Cause of Death): _____

RECIPIENT (person acquiring bird) **USFS No.** _____ **STATE PERMIT No.:** _____

Name: _____ Date of Acquisition: _____

Address: _____

City: _____ State: _____ Zip: _____

Permit Type: Falconry _____ Raptor Propagation _____ Other: _____

Type of Acquisition: Gift _____ Purchase _____ Loan _____ Capture/Recapture (complete section 4) _____

CAPTURE OR RECAPTURE (bird taken from the wild; provide band number in Section 1) _____ Capture _____ Recapture

For all species, County (or comparable subdivision) and State of trapping location: _____

For peregrine falcon nestlings, provide either (a) name of local area (e.g., Bald Mt.), and mileage and direction from nearest town, or (b) latitude and longitude (degrees, minutes, and seconds) _____

If you captured a gyrfalcon, what color is it? Grey _____ Black _____ White _____ Unknown (Nestling) _____

RE-BANDING (to report the re-banding of a wild or captive-bred bird)

Old Number: _____ Seamless Metal _____ Yellow Plastic _____ Black Plastic _____

New Number: _____ Seamless Metal _____ Yellow Plastic _____ Black Plastic _____

CERTIFICATION: I certify that the information submitted above is true and correct to the best of my knowledge. I understand that making a false statement may subject me to the criminal penalties of 18 U.S.C 1001.

Print Name: _____ Phone Number (with area code): _____

Signature: _____ e-Mail Address: _____ Date: _____

Mail form to: MT Fish & Wildlife Enforcement, P. O. Box 200701, Helena, MT 59620-0701 Form MT-186A Rev 8/2010 MT FWP