



KANSAS DEPARTMENT OF WILDLIFE AND PARKS
512 SE 25th Ave., Pratt, KS 67124
(620) 672-5911

FALCONRY TRAPPING AUTHORIZATION APPLICATION

COMPLETED FORMS MAY BE E-MAILED TO SARAH.NAVARRO@KS.GOV

TYPE OF AUTHORIZATION APPLYING FOR (Please check all that apply)	TARGET SPECIE(S) (List all that apply)
GENERAL TRAPPING PEREGRINE TRAPPING _____	_____ _____ _____

APPLICANT INFORMATION

NON-RESIDENTS APPLYING MUST ATTACH COPIES OF CURRENT STATE PERMITS

_____ NAME OF APPLICANT	_____ EMAIL ADDRESS
_____ MAILING ADDRESS	_____ CITY, STATE, ZIP
_____ HOME PHONE NUMBER	_____ WORK PHONE NUMBER
_____ STATE PERMIT NUMBER	

PERIOD OF ACTIVITY REQUESTING

GENERAL TRAPPING: January 1 to December 31, 20 ____

PEREGRINE TRAPPING: September 20 to October 20, 20 ____

<p>I, _____, certify that all statements are true and correct. I will comply with all Federal and State Falconry regulations if authorization is granted.</p>

SIGNATURE OF APPLICANT

DATE

PLEASE ALLOW 30 DAYS FOR PROCESSING