



Tennessee Wildlife Resources Agency • Boating & Law Enforcement Division

APPLICATION FOR STATE FALCONRY PERMIT

Permit Term Up To Three Years, Ending June 30 – Fee \$73

WR-0439
(Rev. 01/23)



Name of Applicant _____ Phone No. (____) _____

Email _____ Bus. Phone (____) _____

Address _____ Soc. Sec. No. _____

County _____ City _____ State _____ ZIP _____

Driver's License# (if any) _____ TWRA ID# (if any) _____

Birth Date ___/___/___ Height _____ Weight _____ Eyes _____ Hair _____ Sex _____ Race _____

Number of Raptor(s) Possessed at Time of Application _____

Species (1) _____ (2) _____ (3) _____

Age (if known) _____

Sex (if known) _____

Source _____

Date Acquired _____

Marker Number _____

On what date did you pass your falconry examination? ___/___/___

When did you first acquire a raptor for use in falconry? ___/___/___

How many years of active falconry (hunting quarry) do you have? _____

What date were your facilities last inspected and approved? ___/___/___ (if different) ___/___/___

(continued on the back)

MAILING INSTRUCTIONS

Mail application, with check, money order, or credit card information (see below) to _____

If paying by credit card, you may **FAX** your application and proof of online completion to **615-837-4262**.

Tennessee Wildlife Resources Agency
ATTN: SALES OFFICE
P.O. Box 41729
Nashville, TN 37204-1729
1-800-648-8798

PLEASE DO NOT SEND CASH!

APPLICANT'S TWRA ID #: _____

APPLICANT'S SOCIAL SECURITY #: _____ - _____ - _____

Date: _____ Amount Enclosed: \$ _____

Mail signed application, proof of residency and special requirements along with your check, money order, or credit card information to the above address. DO NOT SEND CASH.

CREDIT CARD INFORMATION: To charge your purchase to VISA, MasterCard or Discover card you must complete the information below.

- VISA Expires (mm/yyyy) _____
- Mastercard _____
- Discover _____

Cardholder's Signature (required) _____

Credit Card Account # _____

Sponsor Information: (Required for Apprentice Only)

Name of General or Master Falconer _____

Address _____ City _____ State ____ ZIP _____

See the front page for mailing instructions. Remember to include your Raptor Facilities and Equipment Inspection Report. Federal Falconry Permits must be applied for separately.

_____	____/____/____	(check one)
(Applicant)	Date	<input type="checkbox"/> Apprentice
_____	____/____/____	<input type="checkbox"/> General
(Wildlife Officer/Biologist)	Date	<input type="checkbox"/> Master
_____	____/____/____	
(TWRA Approval Signature)	Date	