

Office Use Only



Missouri Department of Conservation Application for Commercial – Miscellaneous Permits

COMPLETE THIS BOX: PLEASE PRINT

Name:	Business Name:
Address:	Business Address: (if different from home)
City, State, Zip:	City, State, Zip:
Home Telephone No.	Work Telephone No.
County:	Email:

Resident Falconry Permit (Code 635).....\$100.00
Falconry permits shall remain valid for three (3) years from the date of issuance.

GENERAL INFORMATION

Date of Birth: _____ Class Applied for (Circle One): **(Apprentice)** **(General)** **(Master)**

If **Apprentice**; list name, address and permit number of sponsor. Name: _____

Address: _____ Permit Number: _____

Years served in each class: Apprentice _____ General _____ Master _____

List below each bird to be possessed under this permit:

Species	Age	Sex	Date Acquired	Source
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NEW APPLICANTS

Date examination was taken _____. Date you were notified that you had successfully passed the examination _____.

Missouri's Sunshine Law requires that permit buyers' names and addresses are public records unless you specifically request that your information be closed.

Check here if you **do not** wish for your name and contact information made available on mailing lists.

Signature constitutes acceptance of all rules pertaining to the permit according to the *Wildlife Code of Missouri Sections 3 CSR 10-9.440 & 10-9.442*

Per Federal Regulation: "I certify that I have read and am familiar with the regulations in title 50, part 13, of the Code of Federal Regulations and the other applicable parts in subchapter B of chapter I of title 50, and that the information I have submitted is complete and accurate to the best of my knowledge and belief. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. 1001."

Signature constitutes acceptance of all rules pertaining to requested permit(s) according to the *Wildlife Code of Missouri*.

Applicant's Signature: _____ Date: _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
By: _____	
Date: _____	
DO NOT WRITE IN THIS SPACE (For Central Office use only)	

DO NOT SEND CASH
Remit by Check, Debit or Credit Card Payment (see back) or Money Order to:
Missouri Department of Conservation
Attn: Protection (Falconry Permit)
P.O. Box 180
Jefferson City, MO 65102-0180

This is not a permit and does not entitle applicant to operate.

Payment Method

Total Amount Due \$ _____

Check Enclosed (make check payable to *Missouri Department of Conservation*)

Check One: Visa MasterCard Discover

Debit or Credit Card Number: _____

3 Digit Security Code Number: _____ (this number is located on the back of your card)

Expiration Date: _____ Phone #: _____
(required on all debit or credit card orders)

Signature: _____

Credit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

As required by State Law, payments by debit or credit card will be charged an extra convenience fee according to the chart below. The fee will be added to the amount of your purchase, and your card statement will show the combined amount. This fee is paid to the payment processor, not the Department of Conservation.

Transaction	Fee Amount
\$0 - \$50.00	\$1.25
\$50.01 - \$75.00	\$1.75
\$75.01 - \$100.00	\$2.15
\$100.01 and up	2.15%

Mail application to: **Missouri Department of Conservation**
 Attn: Protection (Falconry Permit)
 P.O. Box 180
 Jefferson City, MO 65102-0180

Fax: (573) 751-8971
Phone: (573) 522-4115 (ext. 3266)

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