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 (635-FAC).....$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.*"

(See Reverse Side)

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

Payment Method

Total Amount Due $_____

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

Check One: □ Visa □ MasterCard

Charge my credit card number_____

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

Expiration Date_____ Phone #_____
(***required*** on all credit card orders)

Signature_____

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

Remit by Check, Credit Card or Money Order To:
Department of Conservation
Attn: Randy Doman
P.O. Box 180
Jefferson City, MO 65102

Applicant's Signature: _____ Date:_____

____Approved ____Disapproved

By:_____
Date:_____
DO NOT WRITE IN THIS SPACE
For Central Office Only

Mail application to: **Missouri Department of Conservation**
ATTN: Randy Doman
PO Box 180
Jefferson City, MO 65102-0180

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