



ANNUAL FALCONRY REPORT

FOR RAPTORS HELD UNDER 3 CSR 10-9.442

Report Due July 31
 Send To:
 MO Dept. of Conservation
 Attn: Protection Division
 P.O. Box 180
 Jefferson City, MO 65102

PLEASE TYPE OR PRINT

NAME OF PERMIT HOLDER	STATE PERMIT NUMBER		
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
IF APPRENTICE, LIST NAME OF SPONSOR	SPONSOR PERMIT NUMBER		

DESCRIPTION OF RAPTORS CURRENTLY POSSESSED ON JUNE 30 OF THIS YEAR

1. SPECIES	SEX [] MALE [] FEMALE		
AGE WHEN ACQUIRED	DATE ACQUIRED	BAND NUMBER	HOW OR FROM WHOM ACQUIRED
2. SPECIES	SEX [] MALE [] FEMALE		
AGE WHEN ACQUIRED	DATE ACQUIRED	BAND NUMBER	HOW OR FROM WHOM ACQUIRED
3. SPECIES	SEX [] MALE [] FEMALE		
AGE WHEN ACQUIRED	DATE ACQUIRED	BAND NUMBER	HOW OR FROM WHOM ACQUIRED

DESCRIPTION OF RAPTORS POSSESSED SINCE JULY 1 OF LAST YEAR BUT NO LONGER POSSESSED

1. SPECIES	SEX [] MALE [] FEMALE		
AGE WHEN ACQUIRED	DATE ACQUIRED	BAND NUMBER	HOW OR FROM WHOM ACQUIRED
<input type="checkbox"/> ESCAPED <input type="checkbox"/> DIED <input type="checkbox"/> RELEASED <input type="checkbox"/> TRANSFERRED (TO: NAME, ADDRESS, PERMIT NUMBER) DATE			
2. SPECIES	SEX [] MALE [] FEMALE		
AGE WHEN ACQUIRED	DATE ACQUIRED	BAND NUMBER	HOW OR FROM WHOM ACQUIRED
<input type="checkbox"/> ESCAPED <input type="checkbox"/> DIED <input type="checkbox"/> RELEASED <input type="checkbox"/> TRANSFERRED (TO: NAME, ADDRESS, PERMIT NUMBER) DATE			
3. SPECIES	SEX [] MALE [] FEMALE		
AGE WHEN ACQUIRED	DATE ACQUIRED	BAND NUMBER	HOW OR FROM WHOM ACQUIRED
<input type="checkbox"/> ESCAPED <input type="checkbox"/> DIED <input type="checkbox"/> RELEASED <input type="checkbox"/> TRANSFERRED (TO: NAME, ADDRESS, PERMIT NUMBER) DATE			

I CERTIFY THIS REPORT IS COMPLETE AND ACCURATE (SIGNATURE OF APPLICANT)

DATE