



Rhode Island
Department of Environmental Management

DIVISION OF FISH AND WILDLIFE

277 Great Neck Rd
West Kingston, RI 02892

TEL 401 789-0281
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ANNUAL FALCONRY REPORT

PLEASE INCLUDE ADDITIONAL PAGES AS NEEDED

LICENSE NUMBER: _____

CLASS Master General Apprentice

R.I. HUNTING LICENSE NUMBER: _____

Name: _____ **D.O.B.:** _____

Address: _____

Town: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Alt. Tel. Number:** _____

Email: _____

The following raptors were held under my Falconry License during the calendar year ending December 31, _____. Check "None" in each of the following categories if no activity occurred.

1) Raptors possessed at the beginning of license year (January 1): None

Species	Marker Number	Age/Sex	Location Obtained	Date Obtained

2) Raptors acquired during calendar year _____: None

Species	Marker Number	Age/Sex	Location Obtained	Date Obtained

3) Raptors accidentally escaped or lost to wild: None

Species	Marker Number	Age/Sex	Town/State Lost	Date Lost

4) Raptors transferred to another person: None

Species	Marker Number	Age/Sex	To Whom (Name, Address)	Date Transferred

5) Raptors intentionally released into the wild: None

Species	Marker Number	Age/Sex	Town/State Released	Date Released

6) Raptors died in captivity or while being flown: None

Species	Marker Number	Age/Sex	Cause of Death	Disposition of Carcass

7) Markers replaced on the same raptor during year: None

Species	Old Marker Number	New Marker Number	Reason for Marker Replacement

HARVEST INFORMATION:

Mammals harvested during year: None

Species	Number Taken

Birds harvested during year:

None

Species	Number Taken

I do hereby affirm, under penalty of perjury, that all statements contained in this report are true and correct. Furthermore, I also affirm that I am familiar with all pertinent laws, regulations, and rules pertaining to the practice of falconry in Rhode Island, and that I will comply with same.

Signature of Permittee

Date

Signature of Parent or Guardian
(Required if permittee is under 18 years of age)

Date

DEM Use Only

Received Date: _____

Received By: _____

Approved By: _____

Date: _____

For information regarding Rhode Island falconry, or this report form, please email Sarah.Riley@dem.ri.gov or call 401-789-0281x35.