California Natural Resources Agency
DEPARTMENT OF FISH AND WILDLIFE

APPRENTICE FALCONER'S ANNUAL PROGRESS REPORT
FOR JULY 1, 2013 THROUGH JUNE 30, 2014

INSTRUCTIONS: It is mandatory to complete all items on both sides of this report. An incomplete report will be returned. Both the apprentice and sponsor must complete the appropriate section and then sign and date the report. Mail this report with your Falconry License Renewal Application and fees to the Department of Fish and Wildlife, License and Revenue Branch, 1740 N. Market Blvd, Sacramento, CA 95834 by June 30, 2014. Contact the License and Revenue Branch at (916) 928-5849 or spu@dfg.ca.gov if you need additional information regarding falconry licenses.

APPRENTICE

APPRENTICE'S FIRST NAME	M.I.	LAST NAME

MAILING ADDRESS	DAY TELEPHONE

CITY	STATE	ZIPCODE

LIST ALL RAPTORS YOU POSSESSED JULY 1, 2013 THROUGH JUNE 30, 2014.

SPECIES BIRD #1	BAND NUMBER	SEX ❑ MALE ❑ FEMALE ❑ UNK	AGE
HOW ACQUIRED			DATE ACQUIRED
CURRENT DISPOSITION *(Died, lost, still possess, etc.)*		DATE OF DISPOSITION	HOW MANY MONTHS FLOWN

SPECIES BIRD #2	BAND NUMBER	SEX ❑ MALE ❑ FEMALE ❑ UNK	AGE
HOW ACQUIRED			DATE ACQUIRED
CURRENT DISPOSITION *(Died, lost, still possess, etc.)*		DATE OF DISPOSITION	HOW MANY MONTHS FLOWN

SUMMARIZE YOUR FALCONRY ACTIVITIES DURING THE YEAR. INCLUDE INFORMATION ON DAILY FEEDING AND TRAINING, FIELD TRAINING, AND FLYING BIRD ON GAME. *(Attach additional paper if necessary)*

I certify that the above information is true and correct.

APPRENTICE'S SIGNATURE	DATE
X	

❑ LRB SENT COPY TO WLB NONGAME PROGRAM ON ____/____/____

SPONSOR – MUST BE A CURRENTLY LICENSED GENERAL OR MASTER FALCONER

SPONSOR'S FIRST NAME	M.I.	LAST NAME

MAILING ADDRESS	DAY TELEPHONE

CITY	STATE	ZIP CODE

SUMMARIZE THE APPRENTICE'S FALCONRY ACTIVITIES AND PROGRESS AS A FALCONER. INCLUDE APPROXIMATE NUMBER OF HOURS AND/OR DAYS SPENT WITH YOUR APPRENTICE. *(Attach additional paper if necessary)*

❑ CHECK HERE IF YOU FEEL YOUR APPRENTICE SHOULD BE UPGRADED. *(Time and class will be verified by the DFW)*

I hereby certify that I am either a licensed master falconer or a licensed general falconer who has at least two years experience at the general level. I certify that the above information is true and correct.

SPONSOR'S SIGNATURE	DATE
X	