DEPARTMENT OF NATURAL RESOURCES
OFFICE OF LAW ENFORCEMENT
ONE NATURAL RESOURCES WAY
SPRINGFIELD, IL 62702-1271

Falconry Report/ Renewal Form

IL Falconry Permit Number:_____

Permit Renewal Year:_____

Name of Permit Holder:_____

Address:_____

City:_____ State:_____ Zip:_____ County:_____

Telephone Number:_____ Email Address:_____

Do you wish to renew your permit? (Yes | No) (Please circle)

Present Species Handled	Band Numbers:
_____	_____
_____	_____
_____	_____

Certification: "I hereby certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order."

Applicant's Social Security Number: _____-_____-_____

Failure to certify may result in denial of the renewal and making a false statement may subject the licensee to contempt of court [5 ILCS 100/10-65 (c)].

Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666 (a)(13) and 5 ILCS 100/10-65 for use under the State's child support enforcement program.

I hereby certify that all statements made in the Report are correct and true.

Permit Holders Signature:_____ Date:_____

Please enclose the following renewal fees: $200.00 Made payable to IDNR

Printed by the authority of the State of Illinois PRT3031234 - 25M 4/007/01