



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

EQUAL OPPORTUNITY TO PARTICIPATE IN PROGRAMS OF THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES (IDNR) AND THOSE FUNDED BY THE U.S. FISH AND WILDLIFE SERVICE AND OTHER AGENCIES IS AVAILABLE TO ALL INDIVIDUALS REGARDLESS OF RACE, SEX, NATIONAL ORIGIN, DISABILITY, AGE, RELIGION OR OTHER NON-MERIT FACTORS. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, CONTACT THE FUNDING SOURCE'S CIVIL RIGHTS OFFICE AND/OR THE EQUAL EMPLOYMENT OPPORTUNITY OFFICER, IDNR, ONE NATURAL RESOURCES WAY, SPRINGFIELD, IL 62702-1271; 217/785-0067; TTY 217/782-9175.