

State of Idaho
Department of Fish and Game
SPORT DOG AND FALCONRY TRAINING PERMIT APPLICATION



Under authority of IC 36-701 and IDAPA 13.01.10.100, I am making application to obtain a sport dog or falconry training permit:

Applicant (Please type or print):

Name

Address City State Zip

SSN (required) Driver's License No. Driver's License Expire Date Telephone No.

Gender Height Weight Eye Color Hair Color Date of Birth

I am requesting authorization to release and harvest the following species of artificially propagated game birds for bird dog or falconry training purposes (use page 2 to describe location):

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The undersigned applicant agrees to the following additional stipulations:

1. This permit is valid for 2 years from date of issuance.
2. Call-back pens are authorized for training.
3. Released game birds (except birds being used with call back pens) that are not killed during a training session become the property of the state with protection and regulation under existing state law.
4. When afield and in possession of artificially propagated game birds, applicant must possess a copy of this permit and proof that any game birds in possession have been lawfully obtained from a private/domestic source.
5. Participants taking or attempting to take released game birds must possess a hunting license or nongame gun license.
6. Use of game birds bearing obvious signs of domestic stock origin (i.e. healed toe clip or beak-hood scaring) is strongly encouraged.
7. Wild birds that are inadvertently killed, outside of existing seasons, etc., must be turned over to your nearest Idaho Department of Fish and Game representative.
8. Use of this permit on Idaho Fish and Game Wildlife Management Areas (WMAs) must be approved by the Regional Habitat Manager. No permit is required to exercise or train dogs in areas open to public use when no attempt to take wild birds is made or when feral pigeons are used.
9. All artificially propagated game birds released on WMAs must originate from a NPIP certified source.

PROVISIONS OF PERMIT ACCEPTED

IDAHO DEPARTMENT OF FISH AND GAME
Ed Schriever, Director

Signature of Applicant

By _____

Date

Date

Permit Number _____

Use this page to describe when and where dog or falconry training will occur. Please list all areas you expect to conduct training. This page may be amended and changes should be sent to the region where the permit was originally issued.

Training Periods: _____

Location: _____

Type and # of birds used for training: _____

Approved by: _____ Date: _____

Training Periods: _____

Location: _____

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