State of California – Department of Fish and Wildlife

SAVE PRINT CLEAR EMAIL

APPRENTICE FALCONER'S ANNUAL PROGRESS REPORT

DFW 360c (REV. 04/27/18) Page 1 of 2

FOR JULY 1, 2018 THROUGH JUNE 30, 2019

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 California Department of Fish and Wildlife, License and Revenue Branch, 1740 N. Market Blvd, Sacramento, CA 95834 by June 30, 2019. Contact the License and Revenue Branch at (916) 928-5849 or spu@wildlife.ca.gov if you need additional information regarding falconry licenses.

APPRENTICE

FIRST NAME	M.I.	LAST NAME	GO ID NUMBER *(From ALDS Issued License)*

MAILING ADDRESS	EMAIL	DAY TELEPHONE

CITY	STATE	ZIP CODE

LIST ALL RAPTORS YOU POSSESSED JULY 1, 2018 THROUGH JUNE 30, 2019. *(Attach additional paper if necessary)*

SPECIES OF RAPTOR #1	BAND NUMBER	SEX ❑ MALE ❑ FEMALE ❑ UNK	DATE ACQUIRED
HOW ACQUIRED *(Transfer-Provide licensee name, and license number, or method of capture)*			DATE OF DISPOSITION
CURRENT DISPOSITION *(Died, lost, still possess, return to licensee or location and method of release, etc.)*			TOTAL MONTHS POSSESSED
SPECIES OF RAPTOR #2	BAND NUMBER	SEX ❑ MALE ❑ FEMALE ❑ UNK	DATE ACQUIRED
HOW ACQUIRED *(Transfer-Provide licensee name, and license number, or method of capture)*			DATE OF DISPOSITION
CURRENT DISPOSITION *(Died, lost, still possess, return to licensee or location and method of release, etc.)*			TOTAL MONTHS POSSESSED

WAS THIS YOUR FIRST TIME HUNTING WITH A BIRD OF PREY? ☐ YES ☐ NO

SUMMARIZE YOUR FALCONRY ACTIVITIES DURING THE YEAR. INCLUDE INFORMATION ON MAINTAINING, TRAINING, FLYING, AND HUNTING WITH THE RAPTOR FOR AT LEAST FOUR MONTHS IN THE REGULARTORY YEAR, AND HOW OFTEN EACH WAS FLOWN. *(Attach additional paper if necessary)*

I certify that the above information is true and correct.

APPRENTICE'S SIGNATURE	DATE
X	

State of California – Department of Fish and Wildlife
APPRENTICE FALCONER'S ANNUAL PROGRESS REPORT
DFW 360c (REV. 04/27/18) Page 2 of 2

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 CDFW)*

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	