State of Utah
Department of Natural Resources
Division of Wildlife Resources

Falconry Certificate of Registration (COR) Application

Incomplete applications will be returned.

Please print legibly.
Current COR number: _____ Current Designation: _____

Name: _____Home Phone: _____

Mailing Address: _____ Work Phone: _____

City: _____ State: UT Zip: _____

Social Security Number: _____ Drivers License/State I.D. Number: _____

Date of Birth: _____ Gender: ____ Weight: ____ Height: ____ Eye Color: ____ Hair Color: ____

Raptor address (if different than above): _____

Federal Permit Number: _____ Exp. Date: _____

COMPLETE IF: APPLYING OR RE-APPLYING FOR APPRENTICE CLASS COR:

Name of Sponsor: _____

Signature of Sponsor: _____ Date: _____

------>>General and Master class falconers, would you like to be a sponsor? If yes please read and sign this statement:
By signing below, I agree to have my name and home telephone number released as a potential sponsor.

Signature: _____ Date: _____

Change of address, phone number or location of the raptors in possession of the registrant must be reported immediately to: Utah Division of Wildlife Resources, Attn Falconry, PO Box 146301, Salt Lake City, Utah 84114-6301.

I have included (check one): ☐ $15 for a one-year COR ☐ $30 for a two-year COR ☐ $45 for a three-year COR

APPLICATION MUST BE SIGNED: I declare under the penalty of perjury that the information in this application is true and correct, that I am qualified under all prevailing laws and statutes to possess the certificate of registration I am applying for, and that I am a resident of Utah as defined in Utah Code § 23-13-2.

Applicant Signature: _____ Date: _____

Approved by: _____ Region: _____ Date: _____

For Office Use Only
Date Received at SLO: _____ Received by: _____ Hold for review: Y N Date completed: _____