

**WILDLIFE ACTS 1976 TO 2018 – SECTION 41**

**APPLICATION FOR A FALCONRY LICENCE**

**FOR USE ONLY BY OUT OF STATE APPLICANTS (INCLUDING NORTHERN IRELAND)**

**PLEASE COMPLETE IN BLOCK LETTERS**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE (IF UNDER 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**POST CODE: ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE NUMBER/S:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU A FIRST TIME APPLICANT: YES \_\_ NO\_\_**

**CURRENT LICENCE NUMBER (IF APPLICABLE)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
|  **LICENCE FEE** LICENCE TO ENGAGE IN FALCONRY IN THE REPUBLIC OF IRELAND  FEE €12.70 PER APPLICANT **ANNUALLY****ALL FEES SHOULD PAID IN EUROS ONLY BY: CHEQUE OR POSTAL ORDER TO: DEPARTMENT OF HOUSING, LOCAL GOVERNMENT AND HERITAGE. For EFT****PAYMENTS (Electronic Funds Transfer) contact Wildlife Licensing Unit directly for details****CASH PAYMENTS CANNOT BE ACCEPTED AND WILL BE RETURNED** |

**BIRDS THAT WILL BE FLOWN IN THE REPUBLIC OF IRELAND**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SPECIES** | **AGE** | **SEX** | **RING NUMBER** | **MICROCHIP NUMBER** |
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**PLEASE INDICATE:**

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| --- | --- |
| **DATE(S) YOU WILL VISIT THE REPUBLIC OF IRELAND** | **LOCATION(S) YOU WILL BE FLYING YOUR BIRDS** |
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**PLEASE ALSO ENCLOSE:**

**PROOF OF OWNERSHIP AND/ OR CITES /ARTICLE 10 CERTIFICATES, WHICH ARE REQUIRED FOR ALL BIRDS THAT ARE TO BE FLOWN IN THE REPUBLIC OF IRELAND**

**I HEREBY DECLARE THAT THE FOREGOING PARTICULARS ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT IN EVERY PARTICULAR.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN ORDER TO AVOID UNNECESSARY DELAY IN PROCESSING YOUR APPLICATION, PLEASE ENSURE THAT YOU HAVE FULLY COMPLETED THIS FORM AND MADE THE REQUIRED PAYMENT.**

**COMPLETED FORMS SHOULD BE SENT TO:**

**DEPARTMENT OF HOUSING, LOCAL GOVERNMENT AND HERITAGE**

**WILDLIFE LICENSING UNIT**

**NATIONAL PARKS AND WILDLIFE SERVICE**

**90 KING STREET NORTH**

**DUBLIN 7**

**D07 N7CV**

**TELEPHONE: + 353 1 888 3242 EMAIL:** **wildlifelicence@chg.gov.ie**