

State of California – Department of Fish and Wildlife **APPRENTICE FALCONER'S ANNUAL PROGRESS REPORT** DFW 360c (REV. 04/19/23)

FOR JULY 1, 2023 THROUGH JUNE 30, 2024

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. The sponsor shall certify in writing to the Department that the Apprentice falconer has met the requirements as specified in Section 670(e)(6), Title 14, of the California Code of Regulations. Mail this report with your Falconry License Renewal Application and fees to the California Department of Fish and Wildlife, License and Revenue Branch, PO Box 944209, Sacramento, CA 94244-2090 by June 30, 2024. Contact the License and Revenue Branch at (916) 928-5846 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, 2023 THROUGH JUNE 30, 2024. (Attach additional paper if necessary)							
SPECIES OF RAPTOR #1 BAND NUMBER		ER	SEX			DATE ACQUIRED	
HOW ACQUIRED (Transfer-Provide licensee name, and license number, or method of capture)						DATE OF DISPOSITION	
CURRENT DISPOSITION (Died)	TOTAL MONTHS POSSESSED						
SPECIES OF RAPTOR #2	BAND NUMB	ER	SEX			DATE ACQUIRED	
HOW ACQUIRED (Transfer-Prov	DATE OF DISPOSITION						
CURRENT DISPOSITION (Died)	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

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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	D PROGRI	ESS AS A FALCON	NER. INCLUDE	APPROXIMATE NUMBER OF					
HOURS AND/OR DAYS SPENT WITH YOUR APPRENTICE. (Att	tach additio	onal paper if necess	sary)						

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