



**Liberty Wildlife**  
Rehabilitation | Education | Conservation

**Non-Eagle Feather Repository Program**  
**Application**  
For  
**Non-Eagle Feathers and/or Parts**  
For  
**Native American**  
**Ceremonial and Religious Purposes**

**CONTACT INFORMATION:**

**Address:** Liberty Wildlife  
2600 E. Elwood St.  
Phoenix, AZ 85040

**Phone:** 520-240-7406

**Website:** [www.Libertywildlife.org](http://www.Libertywildlife.org)

**Email:** [Feathers@Libertywildlife.org](mailto:Feathers@Libertywildlife.org)

**BEFORE YOU SUBMIT PLEASE READ:**

- \* You must be 18 years old to apply and provide a photocopy of your tribal enrollment with your first application.
- \* You cannot submit applications to both non-eagle feather repositories at the same time.
- \* You must mail in a signed original application; faxed or scanned copies will not be accepted.
- \* Once you receive an order you must wait at least 3 months before submitting another application.
- \* We cannot ship carcasses to P.O. boxes; a street address and phone number are required.
- \* Inmates must attach a letter from a prison authority stating that the inmate is eligible to receive the feathers and/or parts requested and any mailing or packaging requirements or restrictions.
- \* We cannot accept applications from anyone who cannot meet the conditions of 50 CFR 13.21-Issuance of Permits, i.e. has a conviction, or entry of a plea of guilty or nolo Contendere for a felony of the Lacy Act, MBTA, or BGEPA.

First Name	Middle Name	Last Name	Suffix or Inmate ID
Organization (Inmates are required to include name of correctional facility)			
Street Address			
City		State	Zip Code
P.O. Box	City	State	Zip Code
Home Ph.	Cell Ph.	Email	
Birth Date	Name of Tribe	Tribal Enrollment No.	
Contact Person and Ph. Number/Extension (Inmates are required to provide a correctional facility contact)			

**You can only order one species per application - be specific about species and feathers and/or parts being requested.**

<b>Species:</b> First Choice: _____ Second Choice: _____ Third Choice: _____ Comment: _____	<b>Parts of the species requested:</b> Carcass ____ Wing ____ Tail ____ Talon ____ Comment: _____	<b>Additional Feather Information (Type and Number):</b> Adult: ____ Immature: ____ No Preference: ____ Male: ____ Female: ____ Primaries: - Left: # ____ Right: # ____ Total: # ____ Secondary: - Left: # ____ Right: # ____ Total: # ____ Tail Feathers: # ____ Plumes: # ____ Talons: # ____ Comment: _____
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**I hereby certify that I am requesting migratory bird feathers and/or parts for ceremonial and religious purposes; and that the information submitted herein is complete and accurate to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Repository Use Only:**

<b>Certificate #</b>	<b>The request for feathers has been reviewed and found correct and complete.</b> <b>Initials:</b> _____ <b>Date:</b> _____
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