



CONSULADO GENERAL DE ESPAÑA

HOUSTON

HUNTING LICENSE

If you come in person, you need to make an appointment for passport department one per person:

<https://consulategeneralofspaininhouston.acuityscheduling.com/schedule.php>

- Application form: original + photocopy
- Translation form: original + photocopy
- A photocopy of your passport (Notarized copy if not applying in person)
- A photocopy of your American hunting license (Notarized copy if not applying in person)
- Letter of invitation from the institution/club: original + photocopy
- Money Order for \$50.00
- Self-addressed prepaid envelope (only USPS- Express or Priority Mail. NO FEDEX, NO UPS)
- Request to return by mail form. It must be signed.

Consulado de España en Houston –

Dpto. Pasaportes

1800 Bering Drive. Suite 660, 77057 Houston, TX



Consulate General of Spain
1800 Bering Dr., Suite 660
Houston, Tx., 77057
Tel.713-783-6200 Fax. 713-783-6166

APPLICATION FOR THE USE OF GUNS FOR HUNTING IN SPAIN

Name:		
Address:		
Phone Number:		
Passport Number:		
Hunting License Number:		State:
Firearm:	Manufacturer:	
	Gauge:	
	Serial number:	
Firearm:	Manufacturer:	
	Gauge:	
	Serial number:	

Dates and places where the firearm is going to be used:

Date:	Place:
Date:	Place:
Date:	Place:
Date:	Place:
Date:	Place:

Your signature

Email: _____



MINISTERIO DE
ASUNTOS EXTERIORES
Y DE COOPERACIÓN

CONSULADO GENERAL DE ESPAÑA
HOUSTON

TRADUCCIÓN LICENCIA DE CAZA

IMPORTANTE

Esta licencia no será válida si no ha sido cumplimentada en su totalidad

Número de Licencia <i>License number:</i>		Fecha Expedición <i>Date of issue:</i>		Hora <i>Hour:</i>	
Lugar Expedición <i>Place of issue</i>				Nº Agente Expedidor <i>Issuance Agent Number</i>	
Apellido <i>Last name</i>		Nombre <i>First name</i>		Nº carné conducir americano <i>Driver License Number</i>	
Dirección <i>Address</i>			Ciudad <i>City</i>	Estado <i>State</i>	Código Postal <i>ZIP code</i>
Fecha nacimiento <i>Date of birth</i>	Altura <i>Height</i>	Peso <i>Weight</i>	Color pelo <i>Hair Color</i>	Color ojos <i>Eye Color</i>	
Firma del Interesado <i>Applicants Signature</i>					

1800 BERING DR., STE. 660
HOUSTON, TEXAS 77057
TEL.: 713-783-6200
FAX: 713-783-6166



REQUEST TO RETURN BY MAIL

TO: CONSULATE OF SPAIN

I _____ request that my _____
_____ be returned to me by mail. I've included an
overnight-paid stamped envelope. I understand that in requesting this service,
the Consulate of Spain and its employees are released and held harmless for any
and all damages and claims resulting from possible loss or damage of the
documents while in custody or in transport.

It is my responsibility to trace the delivery of my documents and make the
necessary arrangement with the proper authorities in the event the documents
get lost.

I fully understand and agree to the above terms and conditions.

APPLICANT SIGNATURE

PLEASE PRINT NAME AND PASSPORT NUMBER