



Washington
Department of
**FISH &
WILDLIFE**

Raptors-Only Rehabilitation Permit Application

Wildlife Rehabilitation Permits are valid for 3 years from the date your permit was issued. Pursuant to RCW 77.12.469 and WAC 220-450-070 you must renew your permit every 3 years by submitting a Wildlife Rehabilitation Permit Renewal Application to the WDFW. There is no permit application fee. Please allow at least 30 days for processing.
PERMIT RENEWAL APPLICATIONS MUST BE SUBMITTED ONE MONTH IN ADVANCE OF THE EXPIRATION DATE OF YOUR PERMIT.
Please check: First-time Initial Application 3-Year Permit Renewal Application **WDFW WR Permit #**

ALL APPLICANTS Complete Sections 1. - 6.			
1. APPLICANT AND FACILITY INFORMATION			
Applicant Name (Last)		(First)	(M.I.)
Home Address		City	State Zip
Facility Name		County where Facility is located	
Facility Address (Physical)		City	State Zip
Facility Address (Mailing)		City	State Zip
Home Phone	Facility Contact Phone	Cell Phone	
Personal Email:		Facility Email:	
2. PRINCIPAL VETERINARIAN			
Principle Veterinarian:			
Hospital/Clinic Name:			
Hospital/Clinic Address:			
Phone:		Email:	
3. LICENSING			
If you are a Veterinarian - Veterinary License Number:			
If you are a Licensed Veterinary Technician – Licensed Veterinary Technician Number:			
4. USFWS MIGRATORY BIRD PERMIT– A Federal Migratory Bird Permit is required to rehabilitate migratory birds			
Migratory Bird REHABILITATION Permit #:		Expiration Date:	
I am in the process of applying for my MB Permit			
5. PUBLIC CONTACT INFORMATION			
Which phone number(s) do you want on the WDFW web site: Home Facility Cell			
Do you want the facility address listed on the website: Yes No			
6. To which WILDLIFE REHABILITATION ORGANIZATIONS do you belong?			
Washington Wildlife Rehabilitation Association:			
National Wildlife Rehabilitators Association:			
International Wildlife Rehabilitation Council:			

FIRST-TIME INITIAL APPLICANTS ONLY Complete Sections 7. – 10.

7. APPLICANT BIRTH DATE:

8. **Attach** signed Principle Veterinary Agreement form (Veterinarians may be their own Principal Veterinarian)

9. SPONSORING REHABILITATOR – **Attach** letter of recommendation (may be a different permitted rehabilitator other than your sponsor) Licensed veterinarians are exempt from this requirement

Sponsoring Rehabilitator Name:

Facility Name:

Facility Address:

Contact Phone:

Email:

10. PLEASE COMPLETE THE FOLLOWING:

EXPERIENCE You must demonstrate at least 500 hundred hours direct practice with and handling of raptors by working or volunteering with a licensed Wildlife Rehabilitator or raptor veterinarian or demonstrate equivalent training. Please complete the tables below to describe your experience working with raptors. Provide at least one letter of recommendation from a facility in which you worked. This training and experience must be completed within a three-year period (WAC 220-450-070(2)(a)(i)).

Facility Name	Facility Address
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Contact Person	Phone #	Email
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Dates worked at the facility	Approximate hours/day	Total hours at this facility
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Percentage of time in doing each of the following duties

Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other:
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Species you worked with at this facility:

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Facility Name	Facility Address
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Contact Person	Phone #	Contact Person
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Dates worked at the facility	Approximate hours/day	Dates worked at the facility
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Percentage of time in doing each of the following duties

Diet prep/feeding	Cage cleaning	Diet prep/feeding	Cage cleaning	Diet prep/feeding	Cage cleaning	Diet prep/feeding
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Species you worked with at this facility:

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Facility Name	Facility Address
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Contact Person	Phone #	Contact Person
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Dates worked at the facility	Approximate hours/day	Dates worked at the facility
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Percentage of time in doing each of the following duties

Diet prep/feeding	Cage cleaning	Diet prep/feeding	Cage cleaning	Diet prep/feeding	Cage cleaning	Diet prep/feeding
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Species you worked with at this facility:

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11. SPECIES INFORMATION ALL APPLICANTS COMPLETE THIS SECTION

Please indicate below the raptor species you currently rehabilitate and/or any changes in species or capacity you would like, or as first-time initial applicant, which species you are applying to rehabilitate. Please estimate the approximate number of individuals of each species you are able to handle **at one time (Capacity)**. Please see **NWRA Minimum Standards for housing guidelines**. We understand capacity may vary according to age, gender, and time of year.

If you wish to **remove species** from your permit, simply do not include them in this table.

Raptor sizes in the table below are based on NWRA/IWRC Minimum Standard for Wildlife Rehabilitation Table 5, Raptors Page 49.

Species, Taxa, Group	Capacity	Species, Taxa, Group	Capacity
SMALL FALCONS AND SHARP-SHINNED HAWK		MEDIUM TO LARGE FALCONS	
COOPER'S HAWK		SMALL OWLS	
LARGE – BUTEOS AND NORTHERN GOSHAWK		MEDIUM OWLS	
FERRUGINOUS HAWK		GREAT GRAY; SNOWY OWL	
EAGLES/VULTURES/OSPREY			

RENEWAL APPLICANTS ONLY Complete Sections 12. & 13.

12. CONTINUING EDUCATION You must have at least 30 hours of CE to renew your permit - WAC 220-450-070 (9)(b).

Attach Certificates of Completion, registration receipts showing your name, training verification letters, or other documentation for CE.

Title of Class, Workshop, Training, Meeting	Dates Attended	Facilitator/Trainer/Teacher/Organization	City and State	Number of Hours

13. LIST CURRENT NON-RELEASABLE PROGRAM, DISPLAY, AND FOSTER ANIMALS (Do not request new animals here. Please use the Education or Foster Animal Live Wildlife Retention Form.)

Species	Indicate if they are Program, Display, and/or Foster	Year Acquired

The following Memorandum of Understanding and signature box (page 4) must accompany this application.

Memorandum of Understanding

I, _____, hereby agree to all of the rules and conditions outlined in WAC 220-450-060 through 220-450-200.

I understand that I cannot hold the Washington State Department of Fish and Wildlife liable for any injuries, illnesses, or damage to any person or property in connection with my wildlife rehabilitation permit and activities.

Furthermore, I agree to be responsible for any and all costs incurred in connection with my wildlife rehabilitation activities.

I understand that this permit is a privilege that may be revoked at any time for cause, and that I may be subject to inspection, at a reasonable time, without notification. I will abide by all conditions of the issued permit.

I understand that wildlife remains the property of the state and is subject to control by the state.

I hereby certify that this application for a wildlife rehabilitation permit is complete and accurate to the best of my knowledge. The making of false statements on this application may result in the denial or revocation of the Wildlife Rehabilitation Permit.

Signature	Date
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WDFW activities are intended to follow state and federal guidelines for nondiscrimination based on race, creed, color, national origin, age, marital status, sex, sexual orientation, residence, veteran status, and disability.

Return completed permit application too:

wildliferehabilitation@dfw.wa.gov

OR

Wildlife Rehabilitation Manager
Washington Department of Fish and Wildlife
PO Box 43200
Olympia, WA 98504-3200