



Washington
Department of
**FISH &
WILDLIFE**

Wildlife Rehabilitation Subpermittee Application

Please read carefully **WAC 220-450-080 Wildlife rehabilitation – Responsibilities of primary permittees and subpermittees** and **WAC 220-450-100 Wildlife rehabilitation – Facility requirements and inspections – On- and off-site care**. You may not move or transfer wildlife out of your facility to a non-permitted person unless he or she is listed as an off-site subpermittee on your Wildlife Rehabilitation Permit. Please allow at least 30 days for processing.

Please check: Off-site subpermittee On-site subpermittee

1. PRIMARY PERMITTEE INFORMATION			
Name of Primary Permittee:		Wildlife Rehabilitation Permit #:	
Wildlife Rehabilitation Facility Name :			
Wildlife Rehabilitation Facility Address:			
2. SUBPERMITTEE APPLICANT INFORMATION			
Name: (Last)		(First)	(M.I.)
Facility Address (if there is an off-site facility)		City	State Zip
Home Phone	Cell Phone	Email	
Subpermittee Birth Date (Subpermittees must be 18 years of age or older)			
Date Subpermittee Applicant signed Volunteer Application			
INCLUDE COPY OF VOLUNTEER APPLICATION/FORM signed by the applicant			
INCLUDE COPY OF APPLICANTS TRAINING RECORD signed by the applicant			
3. OFF-SITE ENCLOSURES – Please list all enclosures and dimensions. Include photographs of all Subpermittee enclosures and/or cages. (Not needed for On-site Subpermittees.)			
ENCLOSURE OR CAGE (i.e. “wire cage, aquarium, outdoor pen”)		DIMENSIONS LxWxH	
4. SPECIES INFORMATION – What species will your Off-site Subpermittee care for?			
Off-Site subpermittees may house and care for only the following species: Eastern gray squirrels, Douglas squirrels, opossum, mallard ducks, pheasant, quail, rock dove, American robin, black-capped chickadee, chestnut-backed chickadee, song-sparrow, dark-eyed junco, white-crowned sparrow, house finch, house sparrow, and hummingbirds if the primary permittee is permitted for those species.			
BIRDS		MAMMALS	

SIGNATURES AND ACKNOWLEDGMENTS

Subpermittee Applicant:

- I, _____, agree to all of the rules outlined in WAC 220-450-080 and WAC 220-450-100 and have read the most current NWRA/IWRC *Minimum Standards for Wildlife Rehabilitation*.
- I certify that I am employed by or I am a registered volunteer for the primary permittee listed on this application, have assisted or observed all facets of wildlife care practices at the facility, and possess sufficient experience to tend to the species in my care to the satisfaction of the primary wildlife rehabilitator and the department.
- I acknowledge that I am only authorized to conduct wildlife rehabilitation activities under the supervision and direction of the primary permittee listed on this application and follow the treatment plans developed by a veterinarian and directions of primary permittee.
- I understand that I may not house and treat wildlife that exhibits any sign of a reportable disease.
- 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 activities.
- I understand that wildlife remains the property of the state and is subject to control by the state.

Subpermittee Signature

 Date

Primary Permittee:

I, _____, acknowledge that I am responsible for the Subpermittee’s actions and facility conditions and understand that any violation of the wildlife rehabilitation rules and permit conditions could result in suspension or revocation of my rehabilitation permit. I will commit to visiting each subpermittee at least once per week to review animal care when animals are present. I will provide to the Subpermittee written protocols for the care and rehabilitation of wildlife, and written treatment, feeding, and handling directions for cases delegated to the Subpermittee. I will also provide for the Subpermittee a copy of the Fourth Edition of the NWRA Minimum Standards for Wildlife Rehabilitation Guidelines. I will submit a quarterly report of visits to and animals at off-site subpermittee facilities on the form provided by the department;

Primary Permittee Signature

 Date

Remove a Sub-permittee from your permit

I request that the Subpermittee listed below be removed from my Wildlife Rehabilitation Permit.

Please also complete Section 1. PRIMARY PERMITTEE INFORMATION

Subpermittee Name (Last)		(First)		(MI)
Facility Address (if this is an off-site facility)		City	State	Zip
Home Phone	Cell Phone	Email		
Reason for removal				

Primary Permittee Signature

 Date