



Washington
Department of
**FISH &
WILDLIFE**

Wildlife 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 <input type="checkbox"/>			
I do not wish to rehabilitate migratory birds right now <input type="checkbox"/>			
5. PUBLIC CONTACT INFORMATION			
Which phone number(s) do you want on the WDFW web site: Home <input type="checkbox"/> Facility <input type="checkbox"/> Cell <input type="checkbox"/>			
Do you want the facility address listed on the website: Yes <input type="checkbox"/> No <input type="checkbox"/>			
6. To which WILDLIFE REHABILITATION ORGANIZATIONS do you belong?			
Washington Wildlife Rehabilitation Association: <input type="checkbox"/>			
National Wildlife Rehabilitators Association: <input type="checkbox"/>			
International Wildlife Rehabilitation Council: <input type="checkbox"/>			

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:		
<p>10. EXPERIENCE You must demonstrate completion of at least six months, or 1000 hours, of experience in wildlife rehabilitation under the direct supervision of a wildlife rehabilitator. At least three months, or five hundred hours, of this experience must occur during the spring or summer. This training and experience must be completed within a three-year period (WAC 220-450-070(2)(a)(i)). Provide at least one letter of recommendation from a facility in which you volunteered or worked. PLEASE COMPLETE THE FOLLOWING:</p>						
Facility Name			Facility Address			
Contact Person			Phone #		Email	
Dates worked at the facility			Approximate hours/day		Total hours at this facility	
Percentage of time in doing each of the following duties						
Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other:
Species you worked with at this facility:						
Facility Name			Facility Address			
Contact Person			Phone #		Contact Person	
Dates worked at the facility			Approximate hours/day		Dates worked at the facility	
Percentage of time in doing each of the following duties						
Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other:
Species you worked with at this facility:						
Facility Name			Facility Address			
Contact Person			Phone #		Contact Person	
Dates worked at the facility			Approximate hours/day		Dates worked at the facility	
Percentage of time in doing each of the following duties						
Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other:
Species you worked with at this facility:						

11. SPECIES INFORMATION ALL APPLICANTS COMPLETE THIS SECTION

Please indicate below the animals 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 the 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.

You must have a special **Endorsement** to rehabilitate **Raptors, Large Carnivores, and Cervids (WAC 220-450-070)**.

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
AMPHIBIANS		REPTILES	
RAPTORS OTHER THAN OWLS*		OWLS*	
Small		Small	
Cooper's hawk		Medium	
Large		Large	
Ferrug/eagles/med-lg falcons/vultures/osprey		Great gray; snowy	
LARGE MAMMALS/LARGE CARNIVORES		MEDIUM MAMMALS	
Cougar Temporary holding of infant and nursing Juvenile		Opossum Infant/Nursing/Pre-weaned Juvenile/Adults Outside	
Bobcat/lynx Infant/Nursing Juv./Adult Outside		Badger Infants Juvenile Outside Adults Outside	
Wolf Infant/Nursing Juv./Adult Outside		Fisher Infant/Nursing/Pre-weaned Juvenile/Adult Outside	
Coyote Infant/Nursing/Pre-weaned Juvenile/Adult Outside		Skunk Infant/Nursing/Pre-weaned Juvenile/Adults Outside	
Bear Infant/Nursing Juvenile/Adult		Raccoon Infant/Nursing/Pre-weaned Juvenile/Adult Outside	
Deer weaned Nursing/Pre-Juvenile/ Adults Outside		Porcupine Infant/Nursing/Pre-weaned Juvenile/Adult Outside	
Elk weaned Nursing/Pre-Juvenile/Adults Outside		Muskrat, Mt. beaver, Marmot Infant/Nursing/Pre-weaned Juvenile/Adult Outside	
Beaver Infant/Nursing/Pre-weaned Juvenile/Adult Outside		River otter Infant Nursing/Pre-weaned/Juvenile/Adult Outside	
		Fox Infant/Nursing/Pre-weaned Juvenile Adult	
SMALL MAMMALS		BIRDS OTHER THAN RAPTORS	
Bats Infant/Nursing/Pre-weaned; Juvenile/Adult		Marine/Seabirds	
Hoary, Pallid Infant/Nursing/Pre-weaned; Juvenile/Ad			
Mice, vole, rats, shrew, mole,		Shorebirds	
Tree and flying squirrels Infant/Nursing/Pre-weaned Juvenile/Adults Outside		Gulls	
Large ground squirrels Infant/Nursing/Pre-weaned Juvenile/Adults Outside		Waterfowl Dabblers – Broods/Adults Divers – Broods/Adults	
Chipmunks Infants Juvenile Outside Adults Outside		GBHeron	
Cottontail rabbit Infants/Nursing/Pre-weaned Juvenile/Adults Outside		Upland game birds Broods/Adults	
Jack rabbit, snowshoe hare Infants Nursing/Pre-weaned Juvenile/Adults Outside		Large Corvids	
Weasels Infants/Nursing/Pre-weaned Juvenile/Adults Outside		Woodpeckers Pileated Other Species	
Marten Infants Nursing/Pre-weaned Juvenile/Adults Outside		Hummingbirds	
		Passeriformes and all other birds	

RENEWAL APPLICANTS ONLY Complete Sections 12. - 14.

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 OFF-SITE SUBPERMITTEES (Do not apply for new subpermittees here, please use the Subpermittee Application form.)

Name	Address	Phone

14. 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 5) 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