



Application
Wildlife Rehabilitation Permit
Fee: \$0 (22.42)
2-Year
Permit expires December 31.

Mark the appropriate space, then read and follow the instructions:

- () **New Application:** Complete the entire Applicant Information box, sign, date and submit.
- () **Renewal With Changes:** Complete the entire Applicant Information block and Sections F, G, H, I, & J; then include any other changes or additions where appropriate; sign, date and submit.
- () **Renewal Without Changes:** Complete the entire Applicant Information block and Sections F, G, H, I, & J; sign, date and submit. Be sure to review all sections!

APPLICANT INFORMATION		TAX ID:	SPORTSMAN'S ID or SSN:	DATE OF BIRTH:
NAME [LAST]		[FIRST]		[MIDDLE]
PHYSICAL ADDRESS:				
CITY:			STATE:	ZIP:
MAILING ADDRESS:				
CITY:			STATE:	ZIP:
HOME PHONE:		WORK PHONE:	E-MAIL ADDRESS:	
HEIGHT:	WEIGHT:	HAIR:	EYES:	GENDER:
DRIVER'S LICENSE NUMBER			STATE:	DATE ISSUED:
PHYSICAL WORK ADDRESS:				

Sections A - L. (Use additional sheets if you need more room, reference the Section, and attach to the application)

A. Provide the physical address (street & town/city) or legal description (where no address exists) for each location where the facilities to rehabilitate wildlife will be located:

1. _____
2. _____
3. _____

B. Which specific species or taxa of wildlife are you requesting to rehabilitate?

1. ___ I wish to rehabilitate only the following species: _____

OR

2. ___ Taxa: ___ Amphibians
___ Reptiles
___ Birds other than eagles, hawks and owls
___ Eagles, hawks and owls
___ Mammals
___ Black bear (NOTE: Special facilities are required for bear, mountain lion, & bobcats)
___ Mountain lion
___ Bobcat

C. Provide a detailed description of the experience which you have in working with each taxa or species requested above in section B, including, but not limited to: (Complete #1., #2., & #3, below)

1. Previous experience, which can be verified (provide names & phone #'s), in rehabilitating wildlife:

2. Assistance to a person (*provide name & phone #*) who holds a current license or permit to rehabilitate wildlife:

3. Assistance to a licensed veterinarian (*name & phone no.*) who has routinely worked on wildlife:

D. ___ Yes. ___ No. Do you currently hold a rehabilitation license or permit in another state? If "Yes", list the name of each state:

- E. ___Yes. ___No. Have you held a similar license or permit in another state? If "Yes", list the name of each state: _____

- F. ___Yes. ___No. Within the 5 years preceding the date of this application, have you been convicted of violating the wildlife laws or regulations of any state or the U.S. Fish and Wildlife Service? If "Yes" but you did report this on your last application, go to #G. If "Yes", but you did not previously report this, provide the information below (*list all convictions*):
 Date convicted: _____ Where convicted: _____
 Convicted of: _____
- G. ___Yes. ___No. Is your privilege to rehabilitate wildlife revoked or suspended in any other state? If "Yes", list the state(s): _____
- H. ___Yes. ___No. Is your privilege to rehabilitate wildlife revoked or suspended by the U.S. Fish & Wildlife Service? If "Yes", list the beginning and ending dates of revocation/suspension: _____

- I. Provide the name, physical address and telephone number of each person who will routinely transport wildlife or assist you at the facility (or facilities) where the wildlife will be rehabilitated:
 Name: _____ Phone:(_____) _____
 Address: _____
 Name: _____ Phone:(_____) _____
 Address: _____
 Name: _____ Phone:(_____) _____
 Address: _____
- J. Provide the name, business address, telephone number and signature of the practicing veterinarian, licensed in this state, who will examine, diagnose and perform veterinary services on and, if required, euthanize the injured, ill orphaned or otherwise debilitated wildlife:
 Veterinarian's Name: _____
 Business Address: _____
 Business Telephone:(_____) _____
 Veterinarian's Signature: _____
- K. Attach or enclose a copy of your federal permit, issued by the U. S. Fish & Wildlife Service, if you are presently rehabilitating or proposing to rehabilitate migratory birds. (or indicate if the permit is pending)

- L. Attach a complete description, including a diagram, of the holding facilities, cages or aquaria that will be used to confine the wildlife. (Disregard this if you are renewing and there are no taxa or facility changes)
- M. ATTACH one of the following:
1. Documentation which substantiates that you have at least 2 years of practical experience working with a licensed rehabilitator; OR
 2. A letter which is written by a licensed veterinarian who is experienced in the care of wildlife and which substantiates the qualifications of the applicant to rehabilitate wildlife.

I, the signator, in signing this application, hereby state that I am entitled to this permit under the laws of the State of Nevada and that no false information or false statement has been made by me to obtain this license.

Signature of Applicant

Date

Submit your completed application to:
Nevada Department of Wildlife
License Office – Rehabilitation Permit Application
6980 Sierra Center Parkway, Ste-120
Reno, NV 89511

FOR DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Disapproved: _____

Date Returned for Additional Information: _____

Department Representative: _____

REASON FOR DISAPPROVAL: