



PRIMARY PERMIT APPLICATION

The California Department of Fish and Wildlife (CDFW) may issue a person a wildlife rehabilitation permit and amend existing permits with the conditions it determines are necessary to protect native wildlife, animal welfare, human health, and/or safety. Any person can qualify for and be issued a permit if the applicant possesses the qualifications specified in California Code of Regulations (CCR) Title 14 subsections 679.3(b) through (d) and is at least 18 years of age, except for any previous permit holder that has had that permit revoked at any time pursuant to CCR Title 14 subsections 679.9(c) and (d). A permit shall be valid for 3 years from the date it is issued by CDFW, and may be renewed pursuant to CCR Title 14, Section 679.3(b)(6)(B). The permit application fee is \$65.41 and is adjusted annually. Permit renewal applications must be submitted 90 days prior to the date of permit expiration.

- New Permit Application – Complete Sections 1-7**
- Permit Renewal Application (CDFW Permit #: _____) – Complete Sections 1-3, 5-9**
- Specialty Permit Application (CDFW Permit #: _____) – Complete Sections 1-2, 4-8**

| 1. APPLICANT AND FACILITY INFORMATION | | | |
|---------------------------------------|-----------------|------------------|-----------|
| Applicant Name (Last, First) | | Date of Birth | GO ID # |
| Mailing Address | | City | State ZIP |
| Primary Phone | Secondary Phone | Email Address | |
| Facility Name | | | County |
| Facility Address (physical) | | City | State ZIP |
| Facility Phone | Facility Email | Facility Website | |

ACKNOWLEDGEMENT AND SIGNATURE

I understand that any information provided to CDFW in this application and any additional information provided to CDFW related to this application will be subject to the Public Records Act and may be publicly available.

I affirm and attest under penalty of perjury that the information provided in this application and any additional information that may be provided to CDFW related to this application is true and accurate to the best of my knowledge. I understand that I cannot hold the State of California liable for any harm or damage to any person or property in connection with any activities performed under the permit. I certify that I agree to be responsible for any costs incurred for any activities performed under the permit. 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 understand that wildlife remains the property of the State and is subject to control by the State.

CDFW reserves the right to verify the undersigned claims. Should this verification reveal intentional falsehood by the claimant, the undersigned may be legally obligated to compensate the State for costs associated with verification.

With accordance to [California Civil Code §1633.5\(b\)](#), I acknowledge that by providing my electronic signature for this form, I agree that my electronic signature is legal binding equivalent to a handwriting signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

Applicant Signature: _____

Print Name

Title

Date



2. PUBLIC CONTACT INFORMATION

If issued a permit, what facility information may be listed on the CDFW Native Wildlife Rehabilitation Program webpage at <http://wildlife.ca.gov/wildliferehab> as a public resource:

- Facility Physical Address
- Facility Telephone
- Facility Website / Email
- Type of Wildlife Accepted

3. PROPOSED REHABILITATION ANIMALS

Indicate the species proposed for rehabilitation at the facility and the approximate maximum number (capacity) that may be temporarily possessed at one time. See the CDFW 679 Manual for caging and housing standards. **IMPORTANT:** A CDFW specialty rehabilitation permit is required to rehabilitate bats, large carnivore, ungulate, venomous snake, and certain raptors.

| AMPHIBIANS | CAPACITY | REPTILES | CAPACITY |
|--------------------|----------|----------------------|----------|
| Frogs | | Lizards | |
| Toads | | Tortoises | |
| Newts, Salamanders | | Turtles | |
| | | Snakes, Non-Venomous | |

MAMMALS

| SMALL MAMMALS | CAPACITY | SMALL MAMMALS | CAPACITY |
|---|----------|-------------------|----------|
| Native Rodents | | Moles and Shrews | |
| Squirrels, Tree | | Rabbits and Hares | |
| Chipmunks, Ground Squirrels (Small species) | | Martens | |
| Squirrels, Ground (Large species) | | Weasels | |

| MEDIUM MAMMALS | CAPACITY | MEDIUM MAMMALS | CAPACITY |
|---------------------------------|----------|----------------|----------|
| Badger | | Ringtail | |
| Porcupine | | Raccoon | |
| Beaver | | Skunk | |
| Fisher | | Opossum | |
| Marmot and Mountain Beaver | | River Otter | |
| Fox, Gray and Sierra Nevada Red | | Fox, Kit | |

| LARGE MAMMALS | CAPACITY | LARGE MAMMALS | CAPACITY |
|---------------|----------|---------------|----------|
| Bobcats | | Coyotes | |

MIGRATORY BIRDS

| WATERBIRDS | CAPACITY | WATERBIRDS | CAPACITY |
|--------------------------|----------|-------------------------------|----------|
| Native Swan, Duck, Geese | | Gulls and Shorebirds | |
| Marine and Seabirds | | Cranes, Egrets, Herons, Rails | |

| RAPTORS | CAPACITY | RAPTORS | CAPACITY |
|------------------------------------|----------|----------|----------|
| Owls, Small Species | | Vultures | |
| Owls, Medium Species | | Hawks | |
| Owls, Large Species | | Kites | |
| Falcons (American Kestrel, Merlin) | | | |



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| PASSIFORMES | CAPACITY | PASSIFORMES | CAPACITY |
|----------------------------|-----------------|-----------------------|-----------------|
| Corvids, Crows, and Ravens | | Quail and Grouse | |
| Corvids, Jays and Magpies | | Songbirds | |
| OTHER AVIFAUNA | CAPACITY | OTHER AVIFAUNA | CAPACITY |
| Cuckoos | | Nighthawks, Nightjars | |
| Kingfishers | | Woodpeckers | |
| Hummingbirds | | Swifts | |
| Native Doves and Pigeons | | | |

4. PROPOSED SPECIALTY REHABILITATION ANIMALS

A CDFW specialty rehabilitation permit is required to temporarily possess and rehabilitate bats, large carnivore (black bear, mountain lion), ungulate (deer, elk, pronghorn, wild sheep), venomous snake, or the following raptors: eagle, harrier, osprey, peregrine and prairie falcons. Indicate the species proposed for rehabilitation at the facility and the approximate maximum number (capacity) that may be temporarily possessed at one time. See the CDFW 679 Manual for caging and housing standards.

| LARGE CARNIVORE | CAPACITY | LARGE CARNIVORE | CAPACITY |
|------------------------|-----------------|------------------------|-----------------|
| Black Bear | | Mountain Lion | |

UNGULATE

| | | | |
|------|--|--------------------|--|
| Deer | | Bighorn Sheep | |
| Elk | | Pronghorn Antelope | |

BATS

| | | | |
|--------------------------|--|--------------------------|--|
| Crevice dwelling species | | Foliage roosting species | |
|--------------------------|--|--------------------------|--|

VENOMOUS SNAKES

| | |
|--------------|--|
| Rattlesnakes | |
|--------------|--|

RAPTORS

| | |
|---------------------------------|--|
| Eagles | |
| Harriers | |
| Osprey | |
| Falcons (Peregrine and Prairie) | |

4A. QUALIFIED HANDLERS

Qualified handlers are required to have 300 hours of handling experience specific to each specialty species. Provide the following minimum number of qualified handlers for each proposed specialty rehabilitation animal: venomous snakes = 2 handlers, bats = 2 handlers, raptors = 2 handlers, large carnivores = 3 handlers, ungulates = 3 handlers.

| FULL NAME | CONTACT INFORMATION | TRAINING COURSE NAME (Total Hours/Date Completed) | SPECIES |
|------------------|----------------------------|--|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



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5. RESUME / CURICULUUM VITAE

New applicants must demonstrate completion of at least 1,000 hours experience under the direct supervision of a current wildlife rehabilitation permittee in California or experience that CDFW determines to be equivalent. Experience must be completed within a 3-year period, but no more than 10 years, from the date of application. Provide the dates and description of experience, name, affiliation, telephone, email, and mailing address of 3 references that CDFW may contact to confirm qualifications. CDFW may consider education in veterinary medicine, wildlife rehabilitation, or similar courses, as a substitute for up to 300 hours of the required experience.

5A. WILDLIFE REHABILITATION EXPERIENCE

| | | | |
|--------------------------------|------------------|------------------------------|---------------------|
| Facility Name: | | Facility Address: | |
| Contact Name and Title: | | Phone: | Email: |
| Start Date: | End Date: | Time Base (F/T, P/T): | Total Hours: |

EXPERIENCE PERFORMING THE FOLLOWING DUTIES:

| | | | | | | | | | | | |
|--------------------|--------------------------|---|--------------------------|---|---|-------------------------|--------------------------|---|--------------------------|---|---|
| Diet Preparation | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % | Biosecurity Practices | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % |
| Neonate Feeding | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % | Euthanasia Protocols | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % |
| Juvenile Feeding | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % | Carcass Disposal | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % |
| Adult Feeding | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % | Wildlife Handling | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % |
| Enclosure Cleaning | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % | Transport/Release | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % |
| Animal Enrichment | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % | Public Education | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % |
| Medical Treatment | <input type="checkbox"/> | N | <input type="checkbox"/> | Y | % | Other (please describe) | | | | | |

Species handled at the facility:

5B. WILDLIFE REHABILITATION EDUCATION/TRAINING

| | | | |
|---|------------------|------------------------|---------------------|
| Certificate/License/Degree(s): <input type="checkbox"/> No <input type="checkbox"/> Yes _____ | | Course Name(s): | |
| Institution or Program Name: | | | |
| Address: | | Website: | |
| Start Date: | End Date: | Phone: | Email: |
| Instructor(s): | | | Total Hours: |



6. FACILITY OPERATION PLAN

Each applicant must describe and/or attach the standard operating procedure, protocol, or plans for each aspect of the proposed facility's operations, as listed below:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Record-Keeping System, to maintain required records pursuant to CCR Title 14 subsections 679.5(c) and 679.7(a): _____ |
| <input type="checkbox"/> | Animal Intake Process pursuant to CCR Title 14 Section 679.5(b) and (c): _____ |
| <input type="checkbox"/> | Euthanasia Protocol, including qualified personnel, euthanasia methods, controlled substance storage, and carcass disposal, pursuant to CCR Title 14 Section 679.5(d): _____ |
| <input type="checkbox"/> | Public Reporting Protocol for handling public reports, calls, emails, and requests consistent with the guidelines established in the 679 Manual standards: _____ |
| <input type="checkbox"/> | Training Protocol for staff and volunteers and consistent with the requirements listed pursuant to CCR Title 14 sections 679.4(a)(3) and 679.5(d) (1)(A): _____ |
| <input type="checkbox"/> | Animal Husbandry Protocols to maintain the health and welfare of each type of rehabilitation animal pursuant to Section 679.5(a): _____ |
| <input type="checkbox"/> | Biosecurity Practices including sanitation and communicable disease prevention measures pursuant to Section 679.5(a): _____ |
| <input type="checkbox"/> | Succession plan to ensure continuity of care for rehabilitation animals if no longer able to provide care for any foreseeable reason, or due to health, safety, or financial reasons pursuant to CCR Title 14 Section 679.3(b)(6)(A): _____ |

7. DECLARATION OF ENCLOSURES

Provide photographs, diagrams, blueprints, or other plans, for each *type* of enclosure that demonstrates it (i) is appropriate for each type of proposed rehabilitation animals, and (ii) meets all standards listed in the 679 Wildlife Rehabilitation Manual. The following information is required:

7A. AMPHIBIANS

| | | | | | |
|------------|--|--|--|--|--|
| Dimensions | | | | | |
| Quantity | | | | | |
| Material | | | | | |
| Substrate | | | | | |



| 7B. REPTILES | | | | | |
|---------------------------|--|--|--|--|--|
| Dimensions | | | | | |
| Quantity | | | | | |
| Material | | | | | |
| Substrate | | | | | |
| 7C. SMALL MAMMALS | | | | | |
| Dimensions | | | | | |
| Quantity | | | | | |
| Material | | | | | |
| Substrate | | | | | |
| 7D. MEDIUM MAMMALS | | | | | |
| Dimensions | | | | | |
| Quantity | | | | | |
| Material | | | | | |
| Substrate | | | | | |
| 7E. LARGE MAMMALS | | | | | |
| Dimensions | | | | | |
| Quantity | | | | | |
| Material | | | | | |
| Substrate | | | | | |
| 7F. RACCOONS | | | | | |
| Dimensions | | | | | |
| Quantity | | | | | |
| Material | | | | | |
| Substrate | | | | | |
| 7G. WATERBIRDS | | | | | |
| Dimensions | | | | | |
| Quantity | | | | | |
| Material | | | | | |
| Substrate | | | | | |
| 7H. RAPTORS | | | | | |
| Dimensions | | | | | |
| Quantity | | | | | |
| Material | | | | | |
| Substrate | | | | | |



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7I. PASSIFORMES

| | | | | | |
|------------|--|--|--|--|--|
| Dimensions | | | | | |
| Quantity | | | | | |
| Material | | | | | |
| Substrate | | | | | |

7J. OTHER AVIFAUNA

| | | | | | |
|------------|--|--|--|--|--|
| Dimensions | | | | | |
| Quantity | | | | | |
| Material | | | | | |
| Substrate | | | | | |

7K. SPECIALITY REHABILITATION ANIMALS

| | | | | | |
|------------|--|--|--|--|--|
| Species | | | | | |
| Dimensions | | | | | |
| Quantity | | | | | |
| Material | | | | | |
| Substrate | | | | | |

8. LIST OF NON-RELEASABLE ANIMALS (RESTRICTED SPECIES PERMIT 671)

Renewal applicants must provide a list of current non-releasable animals held under a restricted species permit issued by CDFW, or having been possessed prior to January 1, 2012, pursuant to a CDFW Memorandum of Understanding. Use an additional page, as needed.

| Species | Total Number | Address | Year(s) Acquired |
|---------|--------------|---------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. LIST OF SUB-PERMITS (SATELLITE FACILITIES)

Renewal applicants must provide a list of current satellite permittees operating a satellite facility under the primary permit up for renewal. Satellite facilities are locations where wildlife is temporarily confined longer than 48 hours, for the purpose of rehabilitation at a location other than the wildlife rehabilitation facility location listed on the permit. Use an additional page, as needed.

| Name | Address | Phone / Email |
|------|---------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |



The application packet, including the non-refundable processing fee of \$65.41 by check (or credit card authorization), shall be submitted to CDFW via US Postal Service at:

California Department of Fish and Wildlife
ATTN: License and Revenue Branch
P.O. Box 944209, Sacramento, CA 94244-2090

APPLICATION PACKAGE CHECKLIST (Required Documents)

- Wildlife Rehabilitation Permit Application (DFW 470, REV. 04/01/23)
- Veterinarian of Record Agreement (DFW 471, New 01/24/23) signed by a licensed veterinarian in good standing pursuant to the California Veterinary Medical Practice Act.
- List of Authorized Persons (DFW 472, New 01/24/23), including any facility personnel, staff or volunteers, who may directly handle, temporarily confine, and transport a rehabilitation animal to and from the wildlife rehabilitation facility. Additionally lists of sub-permittees, locations, and wildlife housed.
- Facility Emergency Action Plan (DFW 473, New 01/24/23) outlining the plan of action in case of an emergency that includes, but is not limited to list of animal capture equipment; transport cages; animal emergency supplies to transfer with animals; quantity and location of each first aid kit, smoke and carbon monoxide detector, and fire extinguisher in the facility; location(s) off the premises identified as a safe staging area in case of evacuation; and emergency telephone numbers (e.g., local first responders, animal control, public health agencies).
- Authorization to Access Property (DFW 474, New 01/24/23). A signed and dated statement from the owner of the property where the proposed wildlife rehabilitation facility will be located, stating that the property owner agrees that the facility and rehabilitation animals may be inspected by the department without advance notice, pursuant to Section 679.7.