

A person may apply for a Wildlife Rehabilitation Permit pursuant to California Code of Regulations Title 14 Section 679.3.

□ New Permit – Complete Sections 1-7 □ Permit Renewal – Complete Sections 1, 3-7

1. APPLICANT INFORMATION										
Applicant Name (Last, Fir	st)				Date of Birth	GO ID # (if app	licable)			
Mailing Address (if different	nt from physical address)	City				State	ZIP			
Preferred Telephone		Secondary Telepho	ne		Email Address					
Facility Name				I		County				
Facility Address (physical)	City				State	ZIP			
Facility Telephone		Facility Email Addre	ess	Facility	y Website					
2. APPLICANT RI	EQUIRED EXPERIENCE			•						
	mpletion of at least 1,000 hou									
	vant education may be acce	epted as a sub	stitute for up to 300	nour	s of the rec	uirea expe	nence.			
VOLUNTEER/WOF (1) Facility Name	K EXPERIENCE	Facility Address								
Contact Name and Title		Telephone			Email					
Start Date	End Date	Γ)		Total Hours						
Describe Experience				l l						
(2) Facility Name		Facility Address								
Contact Name and Title	Contact Name and Title Telephone				Email					
Start Date	End Date	Time Base (F/T, P/T) Total H			Total Hours					
Describe Experience										
(3) Facility Name		Facility Address								
Contact Name and Title		Telephone			Email					
Start Date	End Date	Time Base (F/T, P/	Γ)		Total Hours					
Describe Experience										
										
EDUCATION / TRA		lation Date:	4 Cartificate/l inner				Completion Date:			
1 Degree:	Comp	letion Date:	1 Certificate/License:				Completion Date:			
Accredited Institution: 2 Degree:	Comp	letion Date:	Program / Course Name: 2 Certificate/License:				Completion Date:			
	Comp	iction Date.					Completion Date.			
Accredited Institution:		leffer Date	Program / Course Name:				Occupation F. :			
3 Degree:	Сотр	letion Date:	3 Certificate/License:				Completion Date:			
Accredited Institution:			Program / Course Name:							



	`	, 3-								
3A. DESIGNEE INI	ORMATION (i	f applicable)								
Designee Name (Last, Fire	st)		Date of Bir	th		Email Addres	s	Primary Tele	ephone	
Mailing Address			City				<u> </u>	State	Zip Code	
Physical Address (if different	ent from above)		City					State	Zip Code	
3B. DESIGNEE R	EQUIRED EXP	PERIENCE	<u>.</u>					l.	<u> </u>	
Demonstrate cor	npletion of a	at least 5	00 hour	s of relevant e	experience cor	npleted n	o more than	5 years	from the da	ate of the
application. Rele			be acce	pted as a sub	stitute for up to	ว 300 hoเ	ırs of the requ	uired ex	perience.	
VOLUNTEER/WOR	K EXPERIEN	CE		Γ =						
(1) Facility Name				Facility Address						
Contact Name and Title				Telephone			Email			
Start Date	End Date			Time Base (F/T, P/	T)		Total Hours			
Describe Experience				<u> </u>			<u> </u>			
(2) Facility Name				Facility Address						
Contact Name and Title				Telephone			Email			
Start Date	End Date			Time Base (F/T, P/	T)		Total Hours			
Describe Experience							<u> </u>			
(3) Facility Name				Facility Address						
Contact Name and Title			Telephone			Email				
Start Date	End Date			Time Base (F/T, P/	T)		Total Hours			
Describe Experience	 			L						
EDUCATION / TRAI	NING									
1 Degree:			Compl	letion Date:	1 Certificate/License:				Completion	Date:
Accredited Institution:					Program / Course I	Name:				
2 Degree:			Compl	letion Date:	2 Certificate/License:				Completion	Date:
Accredited Institution:					Program / Course I	Name:				
4. Public Conta				-						
Desired public co			•				•			
□Facility N	ame 🗆 Co	unty/City	′ □ Te	elephone 🗆 '	Website 🗆 T	ype of W	ildlife Accept	ed 🗆	Do Not Sha	are
5. PROPOSED REI	HABILITATION	ANIMAL	S							
Indicate the prop	osed specie	s to reha		and the maxin	num number th			posses		one time.
AMPHIBIANS			Max #			REPTILE	S		Max#	
Frogs, Treefrogs						Lizards				
Newts, Salaman	ders						nomous Snak	e		
Toads						Tortoise	S			
						Turtles				
CHIROPTERA		Max#	INSECT	VORA		Max#	LAGOMORPH	4		Max#
Bats			Mole				Hare			
DIDELPHIMORPHIA		Max#	Shrew				Rabbit			
Opossum										

RODENTIA	Max#	# RODENTIA		Max#	RODENTIA	Max#	
Chipmunk		Muskrat			North American Porcupine		
Ground Squirrel		Native N	/louse, Ra	at, Vole		Pocket Gopher	
Tying Squirrel		North A	merican E	Beaver		Tree Squirrel	
Marmot							
CARNIVORA	Max#	CARNIVO	DRA		Max#	CARNIVORA	Max#
Badger		Foxes				Skunk	
Bobcat		Ringtail				Weasel, Mink, Ermine	
Coyote		River O	tter			Wolverine	
isher, Marten		Raccool	n				
VIFAUNA							•
U.S. Fish and Wildlife Service	e (USFV	VS) migr	atory bird	rehabilitation per	mit is red	quired <i>prior</i> to rehabilitating an	wild bird.
□No USFWS Permit □US	•	, .	-	•			,
APODIFORMES				ACCIPITRIFORMES			Max#
Swifts			IVIAA #	Turkey Vultures			Ινίαλ π
Hummingbirds				Northern Harrier			
CAPRIMULGIFORMES			Max#	Swainson's Hawl	c Ferrua	inous Hawk	
lighthawk, Nightjar, Poorwill			IVIAA II	Sharp-shinned H		inous rium.	
CUCULIFORMES			Max#	Red-shouldered		ooner's Hawk	
Roadrunners			IVIAX #			jed Hawk, Red-tailed Hawk	
FALCONIFORMES			Max#	Osprey	ugii-iegg	jeu Hawk, Neu-taileu Hawk	
American Kestrel			IVIAA#				Max#
				COLUMBIFORMES			IVIAX #
Kite Aprilia				Doves, Pigeons			Max #
Merlin			May 4	PASSERIFORMES	o C incho	o (uplose othornica listed)	IVIAX #
PICIFORMES	n 12 ino	hoo)	Max#			s (unless otherwise listed)	
Voodpecker (species less tha				· · · · · ·	nan o m	ches (unless otherwise listed)	
Voodpecker (species greater	tnan 12	inches)	B# //	Swallows			
STRIGIFORMES			MAX#	Bushtits			
Burrowing owl				Quail			
Barn owl, Long-eared owl, Sho	ort eared	d owl		Sage Grouse			
Great horned, Spotted owl				Jays, Crackles, N	/lagpies		
lammulated owl, Northern				Crows, Ravens			
Northern saw-whet, Western s	creech	OWI	Max#	CHARADRIIFORMES	,		Max#
Anseriformes Dabbling Duck			IVIAA#	Alcid	•		IVIAA #
Diving Duck, Merganser, Stiff-	tailad Di	ıck		Gull, Tern (specie	ne loce th	oan 14 inches)	
Native Geese	talled D	JUN		, , ,		14 inches), Jaeger, Skua	
Native Swan				Phalaropes	ater triari	14 menes), baeger, okua	
CICONIIFORMES			Max#		ios areat	ter than 10 inches)	
Bittern, Heron, Egret, Stork, Ib	ic		IVIAA#	` '		Tern (species greater than 14	
species less than 20 inches)	13			inches), Wilson's			
Bittern, Heron, Egret, Stork, Ib	is			· · · · · · · · · · · · · · · · · · ·		oirds (less than 10 inches)	
species greater than 20 inche				(unless otherwise	,	ondo (1605 than 16 mones)	
CORACIIFORMES	,		Max#	GRUIFORMES	J liotou j		Max#
Kingfishers				Cranes			
SAVIIFORMES			Max#	Rail (species les	s than 10) inches)	
oons				Rail (species gre		,	
PELECANIFORMES			Max#	Coots		,	
Brown Pelican				PROCELLARIIFOR	MES		Max #
White Pelican				Albatross	-		
Frigatebird				Fulmars, Storm I	Petrels		
Other species				Shearwaters, Ot		el species	
op 00.00			i			:: -p-20.00	



SULIFORMES	Max#	PODICIOEDIFORMES	Max#
Boobies, Cormorants		Grebes	

Boobies, Cormorai	nts	Greb	es		
6. DECLARATION O	F ENCLOSURES				
Provide photograp	hs, diagrams, or other	plans, for each type	of the following enclo	sures: neonate, pre-r	elease conditioning.
Attach documenta	tion as needed.		_		_
☐ Variance Re	equest – New Permit	$\hfill\square$ Variance Request	– Permit Renewal □	Existing Variance- F	Permit Renewal
AMPHIBIANS	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
REPTILES	ENCLOSURE 1	ENCLOSURE 2	Enclosure 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CARNIVORA	Enclosure 1	ENCLOSURE 2	ENCLOSURE 3	Enclosure 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CHIROPTERA	ENCLOSURE 1	Enclosure 2	ENCLOSURE 3	Enclosure 4	Enclosure 5
Size (L x W x H)					
Quantity					
Material					
DIDELPHIMORPHIA	ENCLOSURE 1	ENCLOSURE 2	Enclosure 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
EULIPOTYPHIA	ENCLOSURE 1	Enclosure 2	Enclosure 3	ENCLOSURE 4	Enclosure 5
Size (L x W x H)					
Quantity					
Material					
LAGOMORPHA	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material	<u> </u>			<u> </u>	
RODENTIA	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
RACCOONS	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material		Fuer course 0			
SKUNKS	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity Material					
	ENGLOCUES 1	ENCLOCUES 2	ENGLOCUES 2	ENGLOSURE 4	ENGLOCUES F
APODIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H) Quantity					
Material					
materiai	I			1	i

ACCIPITRIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material				<u> </u>	<u> </u>
CAPRIMULGIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CUCULIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
COLUMBIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
FALCONIFORMES	ENCLOSURE 1	Enclosure 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
PASSERIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
PICIFORMES	ENCLOSURE 1	Enclosure 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
STRIGIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)	ENGLOCONE I	ENGLOSORE Z	ENGLOCONE O	ENGLOCORE 1	ENGLOCORE O
Quantity					
Material					
ANSERIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)	ENGLOSORE 1	ENOLOGORE 2	LINOLOGORE O	LIVOLOGONE 4	ENGLOCORE O
Quantity					
Material					
CHARADRIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)	LINOLOGORE 1	ENOLOGORE Z	ENOLOGORE O	LNOLOGORE 4	LNOLOGORE 0
Quantity					
Material					
CICONIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)	LINGLOSURE I	LINULUGURE Z	LINOLOGURE 3	LINGLOSURE 4	LINOLOGURE D
Quantity					
Material					
	ENOLOGUET 4	ENGLOGUES 2	ENGLOSUSE S	ENOLOGUES 4	ENOLOGUES 5
CORACIIFORMES Size (L x W x H)	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Quantity Material					
GAVIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)	LITOLOGOINE I	ENGLOSSIVE Z	LITOLOGONE O	LIJOLOGONE 4	LINOLOGOINE O
Quantity					
Material					
iviaterial					<u> </u>

GRUIFORMES	Enclosure 1	Enclosure 2	Enclosure 3	Enclosure 4	Enclosure 5
Size (L x W x H))				
Quantity					
Material					
PELECANIFORME		ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H))				
Quantity					
Material					
PROCELLARIFOR		ENCLOSURE 2	Enclosure 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H))				
Quantity					
Material				<u> </u>	<u> </u>
PODICIOEDIFORM		ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H))				
Quantity					1
Material				F	
SULIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
<u>Size (L x W x H)</u> Quantity)				
Material					
7. FACILITY OPE	BATION DI AN				
	or attach the following s	tandard procedures fo	or the proposed facility	nurcuant to those re	gulations
	age Method:	tandard procedures ic	or the proposed facility	pursuant to these re	guiations.
	age Method.				
☐ Animal Int	ake and Triage Protocol	:			
☐ Euthanasi	a Protocol:				
☐ Animal Ca	re Protocol:				
☐ Animal Hu	sbandry Protocol:				
☐ Biosafety	Protocol:				
□ Training P	rotocol:				
		()			
	cy Plan: List of person and continuity of care ason.				
Full Name (Last, First)1		Date of Birth	Email Address	Primary ⁻	[elephone
Mailing Address		City	'	State	Zip Code
Physical Address (if diffe	rent from above)	City		State	Zip Code
rull Name (Last, First)2		Date of Birth	Email Address	Primary ⁻	Telephone
Mailing Address		City	l	State	Zip Code
Physical Address (if diffe	rent from above)	City		State	Zip Code

I hereby certify that I have not been convicted of a

crime of moral turpitude.

ACKNOWLEDGEMENT AND SIGNATURE

"I understand that any information provided to the Department in this application and any additional information provided to the Department 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 the Department related to this application is true and accurate to the best of my knowledge.

I agree to be responsible for costs incurred for any activities performed under the permit. I understand that the permit is a privilege, and that I may be subject to inspection at any reasonable time or day. I understand that wildlife remains the property of the State and is subject to control by the State.

I shall comply with these regulations and the requirements listed in the Native Wildlife Rehabilitation 679 Regulations Manual. I acknowledge that any violation of these requirements can result in revocation of a permit.

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 handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it."

I hereby certify that I have not violated any provision of these regulations, Fish and Game Code Section 1054, or Penal Code Section 597. I hereby certify that I have not violated any law existing in any other state or local governing entity related to the temporary possession or rehabilitation of wildlife. nitials I hereby certify that I have not violated any federal statute, regulation, or rule, related to the temporary possession or rehabilitation of wildlife.

Applicant:				
	Signature	Print Name		Date
SECTION 3A.	Designee (if applicate) ∴ Designee (if applicate) ∴	ole):		
	• • • • • • • • • • • • • • • • • • • •	Signature	Print Name	Date
SECTION 7.	Contingency Person¹	(required):		
		Signature	Print Name	Date
SECTION 7 >	Contingency Person² ((ontional):		
oconon 7.	Somming chicy i croom (Signature	Print Name	Date



A permittee shall request approval from the Department to add a sub-permittee pursuant to requirements outlined in California Code of Regulations Title 14. Section 679.3.

Calliornia Code o	r Regulations Ti	ille 14, Section	11679.3.								
1. PERMITTEE IN	FORMATION										
Applicant Name (Last, Fi	rst)						Date	e of Birth	GO II	D # (if app	blicable)
Mailing Address (if different	ent from physical addres	ss)	City						State)	ZIP
Preferred Telephone			Secondary Telep	hone			Ema	il Address			
Facility Name									Coun	nty	
Facility Address (physica	l)		City						State)	ZIP
1A. SUB-PERMIT	TEE INFORMATIO	N									
Sub-Permittee Name (L						Date of E	Birth			GO ID #	#
Satellite Mailing Addres	SS			City						State	Zip Code
Satellite Physical Addre	ess (if different from ab	pove)			City					State	Zip Code
Satellite Facility Name	(if applicable)	Preferred Telepho	one	Second	dary Telepho	one		Email			
2. REQUIRED EX	PERIENCE										
experience unde	er the supervision	n of a wildlife	rehabilitation	n permi	ittee in C	alifornia	а со	mpleted no	more	e than	ork or volunteer 5 years from the uired experience.
(1) Facility Name			Facility Address								
Contact Name and Title			Telephone				Ema	ıil			
Start Date	Start Date End Date Time			P/T)			Tota	l Hours			
Describe Experience											
(2) Facility Name			Facility Address								
Contact Name and Title			Telephone				Email				
Start Date	End Date		Time Base (F/T,	Time Base (F/T, P/T)			Total Hours				
Describe Experience											
(3) Facility Name			Facility Address								
Contact Name and Title			Telephone				Em	ail			
Start Date	End Date		Time Base (F/T,	P/T)			Tota	al Hours			
Describe Experience											
EDUCATION / TRAIN 1 Degree:	NING	Comple	tion Date:	1 Cort	ificate/Licens	.0.					Completion Date:
		Comple	uon Dale.								Completion Date:
Accredited Institution:		0	tion Date:	,	Program / Course Name:				October 5		
2 Degree:		Comple	tion Date:		ificate/Licens						Completion Date:
Accredited Institution:				Prog	ram / Course	e Name:					

3A. DESIGNEE INF	ORMATION (if	applicable)								
Designee Name (Last, Firs	t)		Date of Bi	rth		Email Address	s F	Primary Telep	hone	
Mailing Address			City					State	Zip Code	
Physical Address (if differe	nt from above)		City					State	Zip Code	
3B. DESIGNEE R	EQUIRED EX	PERIENCE	<u> </u>					Ļ	L	
Demonstrate cor				rs of relevant e	experience cor	npleted n	o more than	5 years f	rom the d	ate of the
application. Rele	vant educat	ion may								
VOLUNTEER/WOR	K EXPERIEN	CE								
(1) Facility Name				Facility Address						
Contact Name and Title				Telephone			Email			
Start Date	End Date			Time Base (F/T, P/	Т)		Total Hours			
Describe Experience							ı			
(2) Facility Name				Facility Address						
Contact Name and Title				Telephone			Email			
Start Date	End Date			Time Base (F/T, P/	Τ)		Total Hours			
Describe Experience										
·										
(3) Facility Name				Facility Address						
Contact Name and Title				Telephone			Email			
Start Date	End Date			Time Base (F/T, P/	Т)		Total Hours			
Describe Experience										
EDUCATION / TRAIL	NINO.									
1 Degree:	NING		Compl	etion Date:	1 Certificate/License:	:			Completion	Date:
Accredited Institution:					Program / Course I					
2 Degree:			Compl	etion Date:	2 Certificate/License:	:			Completion	n Date:
Accredited Institution:					Program / Course I	Name:				
4. PUBLIC CONTA	CT INFORMAT	ΓΙΟΝ								
Desired public co	ntact inform	nation to I	be poste	ed on the CDF	W Wildlife Reh	abilitation	n Program we	bpage (c	heck all th	at apply):
□Satellite Facility	/ Name	☐ County	//City	☐ Telephone	□ Website	□ Туре	e of Wildlife A	ccepted	□ Do N	ot Share
5. PROPOSED REP	IABILITATION	ANIMALS	3							
Indicate the prop	osed specie	s to reha	bilitate	and the maxim	num number th	nat may be	e temporarily	possess	ed at any	one time.
AMPHIBIANS			Max#			REPTILES	S		Max#	
Frogs, Treefrogs						Lizards				
Newts, Salamano	lers					Non-Ver	nomous Snak	æ		
Toads						Tortoise	S			
						Turtles				
CHIROPTERA		Max#	INSECT	IVORA		Max#	LAGOMORPH	4		Max#
Bats		B	Mole				Hare			
DIDELPHIMORPHIA		Max#	Shrew				Rabbit			
Opossum		1	1			1				I

	Max#	RODENT	IA		Max#	RODENTIA	Max#	
Chipmunk		Muskrat			North American Porcupine			
Ground Squirrel		Native N	louse, R	at, Vole		Pocket Gopher		
Flying Squirrel		North A	merican E	Beaver		Tree Squirrel		
Marmot								
CARNIVORA	Max#	CARNIVO	RA		Max#	CARNIVORA	Max#	
Badger		Foxes				Skunk		
Bobcat		Ringtail	Ringtail			Weasel, Mink, Ermine		
Coyote		River Of	ter			Wolverine		
Fisher, Marten		Raccoo	1					
AVIFAUNA		I.			· ·			
ţ	(USFV	VS) miar	atory bird	rehabilitation per	mit is red	quired <i>prior</i> to rehabilitating any	wild bird.	
	•		-	Application Date:		USFWS Permit #:		
APODIFORMES		-	Max#	ACCIPITRIFORMES			Max#	
Swifts				Turkey Vultures				
Hummingbirds				Northern Harrier				
CAPRIMULGIFORMES			Max#	Swainson's Haw	k, Ferrug	inous Hawk		
Nighthawk, Nightjar, Poorwill				Sharp-shinned H				
CUCULIFORMES			Max#	Red-shouldered		ooper's Hawk		
Roadrunners						jed Hawk, Red-tailed Hawk		
FALCONIFORMES			Max#	Osprey	J - 30	,		
American Kestrel				COLUMBIFORMES	MES			
Kite				Doves, Pigeons			Max#	
Merlin				Passeriformes			Max#	
PICIFORMES			Max#		n 6 inche	es (unless otherwise listed)	1212 02 11	
Woodpecker (species less that	n 12 incl	hes)	1117 (57 77			ches (unless otherwise listed)		
Woodpecker (species greater t				Swallows				
STRIGIFORMES			Max#	Bushtits				
Burrowing owl			тиг-ус п	Quail				
Barn owl, Long-eared owl, Sho	ort earec	lowl		Sage Grouse				
Great horned, Spotted owl	,,, ca, ca			Jays, Crackles, N	/Jagnies			
Flammulated owl, Northern	pyam	y owl,			падріос			
Northern saw-whet, Western s				Crows, Ravens				
ANSERIFORMES			Max#	CHARADRIIFORMES	3		Max#	
Dabbling Duck				Alcid				
Diving Duck, Merganser, Stiff-t	ailed Du	ıck		Gull, Tern (specie	es less th	nan 14 inches)		
Native Geese				Gull (species gre	ater than	14 inches), Jaeger, Skua		
Native Swan				Phalaropes				
CICONIIFORMES			Max#	Shorebirds (spec	ies grea	ter than 10 inches)		
Bittern, Heron, Egret, Stork, Ib	is			· · · · · · · · · · · · · · · · · · ·		Tern (species greater than 14		
(species less than 20 inches)				inches), Wilson's				
Bittern, Heron, Egret, Stork, Ib						pirds (less than 10 inches)		
(species greater than 20 inche	s)			(unless otherwise	e listed)			
CORACIIFORMES			Max#	GRUIFORMES			Max#	
Kingfishers				Cranes				
GAVIIFORMES			Max#	Rail (species les		,		
Loons				Rail (species gre	eater thai	n 10 inches)		
PELECANIFORMES			Max#	Coots			1	
Brown Pelican				PROCELLARIIFOR	MES		Max #	
White Pelican				Albatross				
Frigatebird				Fulmars, Storm				
Other species				Shearwaters, Ot	ner Petre	ei species		

SULIFORMES	Max#	PODICIOEDIFORMES	Max#
Boobies, Cormorants		Grebes	

Boobles, Cormorar	its	Grebe	es		
6. DECLARATION OF	ENCLOSURES				
Attach documentat	ion as needed.	plans, for each type	-	·	-
☐ Variance Re	quest – New Permit	☐ Variance Request	– Permit Renewal □	Existing Variance P	ermit Renewal
AMPHIBIANS	ENCLOSURE 1	Enclosure 2	Enclosure 3	ENCLOSURE 4	Enclosure 5
Size (L x W x H)					
Quantity					
Material					
REPTILES	ENCLOSURE 1	Enclosure 2	ENCLOSURE 3	Enclosure 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CARNIVORA	ENCLOSURE 1	ENCLOSURE 2	Enclosure 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CHIROPTERA	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
DIDELPHIMORPHIA	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
EULIPOTYPHIA	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
LAGOMORPHA	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
RODENTIA	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
RACCOONS	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
SKUNKS	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
APODIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	Enclosure 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					

	, 3				
ACCIPITRIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	Enclosure 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CAPRIMULGIFORMES	Enclosure 1	ENCLOSURE 2	ENCLOSURE 3	Enclosure 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CUCULIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
COLUMBIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
FALCONIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
PASSERIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)	LIVOLOGONE 1	LNOLOGORE 2	LIVOLOGONE O	LNOLOGONE 4	LNOLOGORE O
Quantity					
Material					
PICIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)	LINCLOSURE I	LINGLOSURE Z	LINCLOSURE 3	LINCLUSURE 4	LINCLOSURE 3
Quantity					
Material					
STRIGIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)	LINGLOSURE I	LNGLOSORL Z	LNCLOSURE 3	LINCLOSURE 4	LNGLOSOKE S
Quantity					
Material					
	ENGLOCUE 1	ENGLOCUES 2	ENGLOCUES 2	ENGLOSURE 4	ENCLOCUEE F
ANSERIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H) Quantity					
Material					
	ENGLOSURE 4	Evolue o	FNOLOGUES 2	ENGLOSURE 4	FNOLOGUES F
CHARADRIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material	F		F	F	F
CICONIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
CORACIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material				<u> </u>	F
GAVIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity Material					
	l	1	i .	I	ĺ

GRUIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
PELECANIFORMES	Enclosure 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
PROCELLARIFORMES	ENCLOSURE 1	ENCLOSURE 2	Enclosure 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
PODICIOEDIFORMES	ENCLOSURE 1	Enclosure 2	ENCLOSURE 3	Enclosure 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
SULIFORMES	ENCLOSURE 1	Enclosure 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
7. FACILITY OPERATION					
		tandard procedures f	or the proposed facility	pursuant to these re	gulations.
□ Data Storage					
	and Triage Protocol				
☐ Euthanasia P	rotocol:				
☐ Animal Care I	Protocol:				
☐ Animal Husba	andry Protocol:				
☐ Biosafety Pro	tocol:				
☐ Training Proto					
		n(s) requested by the	ne applicant for Depar	tment approval to	nrovide temporary
			nals if the sub-permittee		
care for any re					
Full Name (Last, First)1		Date of Birth	Email Address	Primary T	elephone
		0::		8: :	7: 0 1
Mailing Address		City		State	Zip Code
Physical Address (if different f	rom above)	City		State	Zip Code
Full Name (Last, First)2		Date of Birth	Email Address	Primary T	elephone
Mailing Address		City		State	Zip Code
		l		<u>l</u>	

ACKNOWLEDGEMENT AND SIGNATURE

"I understand that any information provided to the Department in this application and any additional information provided to the Department 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 the Department related to this application is true and accurate to the best of my knowledge.

I agree to be responsible for costs incurred for any activities performed under the permit. I understand that the permit is a privilege, and that I may be subject to inspection at any reasonable time or day. I understand that wildlife remains the property of the State and is subject to control by the State.

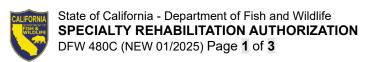
I shall comply with these regulations and the requirements listed in the Native Wildlife Rehabilitation 679 Regulations Manual. I acknowledge that any violation of these requirements can result in revocation of a permit.

With accordance to California Civil Code §1633.5(b), I acknowledge that by providing my electronic signature for this

	I hereby certify that I have not been convicted of a
Initials	crime of moral turpitude.
	I hereby certify that I have not violated any provision
	of these regulations, Fish and Game Code Section
Initials	1054, or Penal Code Section 597.
	I hereby certify that I have not violated any law
	existing in any other state or local governing entity
	related to the temporary possession or rehabilitation
Initials	of wildlife.
	I hereby certify that I have not violated any federal
	statute, regulation, or rule, related to the temporary
Initials	possession or rehabilitation of wildlife.

form, I agree that my electronic signature is legal binding equivalent to a handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it."

Sub-Permitte	e:			
	Signature	Print Name	Date	
≥ Permittee:				
	Signature	Print Name	Date	
SECTION 3A	۸. 🖎 Designee (if applica	•		
		Signature	Print Name	Date
SECTION 7.	Contingency Person¹	(required):		
		Signature	Print Name	Date
SECTION 7.	☼ Contingency Person²	(optional):		
		Signature	Print Name	Date



A person can apply for a specialty rehabilitation authorization pursuant to California Code of Regulations (CCR) Title 14 Section 679.3.

1. APPLICANT AND FACILITY I	NFORMAT	ON							
Name (Last, First)					Date of Birth		GO	ID # (if applicab	le)
Mailing Address (if different from physical	address)				City			State	ZIP
Primary Telephone			Secondary Tele	enhon	<u> </u>	Email A	ddress		
, ,			Cocondary Tol	орпоп		Linairi			
Facility Name								County	
Facility Address (physical)					City			State	ZIP
Facility Telephone			Facility Email					Facility Webs	site
2. REQUIRED EXPERIENCE			•					•	
Completion of the minimum h	ours of e	xperience	e within a 5-	vear	period from th	e date	of the	initial appl	lication request.
EXPERIENCE				,					
(1) Employer Name				Emplo	oyer Address				
Contact Name and Title		Talaahaaa				T ====: A	-1-1		
Contact Name and Title		Telephone				Email A	aaress		
Start Date	End Date			Time	Base (F/T, P/T)		Total Ho	urs	
Specialty Rehabilitation Species Handled									
(2) Employer Name				Emplo	oyer Address				
Contact Name and Title		Telephone				Email A	ddress		
Start Date	End Date		1	Time	Base (F/T, P/T)	-	Total Ho	urs	
Specialty Rehabilitation Species Handled									
			Г						
(3) Employer Name				Emplo	oyer Address				
Contact Name and Title		Telephone				Email A	ddress		
Start Date	End Date			Time	Base (F/T, P/T)		Total Ho	urs	
Specialty Rehabilitation Species Handled									
EDUCATION / TRAINING			r						
1 Degree:		Completion D	Date:	1 Cer	tificate / License:			Comp	pletion Date:
Academic Institution:				Pro	gram / Course Name:				
2 Degree:		Completion	Date:	2 Ce	rtificate / License:			Com	pletion Date:
Academic Institution:				Pro	gram / Course Name:				
3 Degree:		Completion	Date:	3 Ce	rtificate / License:			Com	pletion Date:
Academic Institution:				Pro	gram / Course Name:				
3. SPECIALTY REHABILITATION	ANIMALS								
Indicate the species of species			n animals a	and	proposed max	imum	numb	er that ma	y be temporarily
possessed at any time.					•				
LARGE CARNIVORE	UNGULA	TE			GLE, FALCON			V ENOMOUS	
American Black Bear	Deer				ld Eagle			Crotalus s	pecies
Mountain Lion	Elk				lden Eagle				
	Prongho	orn			regrine Falcon				
	Bighorn			Pra	airie Falcon				

4. DECLARATION OF	Enclosures								
Provide photographs requirements listed i									
□New Variance Re		mit 🗆 New	v Variance	Req	uest – Renev	val 🗆	Existing	Variance-	– Renewal
LARGE CARNIVORE	ENCLOSURE 1	Enclosu	RE 2	ENC	LOSURE 3	ENC	LOSURE 4	Enc	CLOSURE 5
Dimensions									
Quantity									
Material									
Substrate				<u> </u>				<u> </u>	
UNGULATE	ENCLOSURE 1	Enclosu	JRE 2	ENG	CLOSURE 3	ENG	CLOSURE 4	EN	CLOSURE 5
Dimensions									
Quantity									
Material									
Substrate				<u></u>				<u> </u>	
VENOMOUS SNAKE	ENCLOSURE 1	Enclosu	RE 2	ENC	LOSURE 3	ENG	CLOSURE 4	EN	CLOSURE 5
Dimensions									
Quantity				1					
Material				-					
Substrate		-							
EAGLE, FALCON Dimensions	ENCLOSURE 1	Enclos	URE 2	EN	CLOSURE 3	ENC	LOSURE 4	ENC	LOSURE 5
Quantity Material				-					
Substrate									
5. Qualified Handle		ما بمصام	460 000	:+	for cook ton		ب مامان م	- h - h : l : 4 - 4 :	
List of qualified har carnivores and ungu									
Name (Last, First)	aiatoo roquiro o c	Juannou mana	Date of Birth		Telephone Numbe		Email Address		illioa Hariaioro.
Mailing Address			City					State	ZIP
· ·			City					State	ZIF
HOURS OF RELEVANT EXPE	ERIENCE / TRAINING								
2. Name (Last, First)			Date of Birth	1	Telephone Numbe	r	Email Address	S	
Mailing Address			City					State	ZIP
HOURS OF RELEVANT EXPE	ERIENCE / TRAINING		<u> </u>				<u>l</u>		
3. Name (Last, First)			Date of Birth	ı	Telephone Number	r	Email Address	3	
Mailing Address			City					State	ZIP
HOURS OF RELEVANT EXPE	ERIENCE / TRAINING								<u>I</u>
4. Name (Last, First)			Date of Birth	ı	Telephone Number	r	Email Address	3	
Mailing Address			City					State	ZIP
HOURS OF RELEVANT EXPE	EDIENCE / TDAINING		o.i.y						
	ERIENCE/TRAINING		I 5				l = "A.I.		
5. Name (Last, First)			Date of Birth	1	Telephone Numbe	·r	Email Address		·
Mailing Address			City				\Box	State	ZIP
HOURS OF RELEVANT EXPE	RIENCE / TRAINING								

ACKNOWLEDGEMENT AND SIGNATURE

"I understand that any information provided to the Department in this application and any additional information provided to the Department 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 the Department related to this application is true and accurate to the best of my knowledge. I understand that wildlife remains the property of the State and is subject to control by the State."

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 handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

The Department 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, and may be subject to criminal, civil, and/or denial or revocation of all rehabilitation-related privileges.

à Applicant:			
	Signature	Print Name	Date
≥ 1Qualified Handler: _			
	Signature	Print Name	Date
≥ 2Qualified Handler: _			
≿³Qualified Handler: _	Signature	Print Name	Date
≿4Qualified Handler: _	Signature	Print Name	Date
	Signature	Print Name	Date
≥ 5Qualified Handler: _	Signature	Print Name	Date

A permittee or their designee shall revoke the authorization of a sub-permittee pursuant to CCR Title 14 subsection 679.9(c). A permittee or their designee shall notify the department within 5 calendar days of a sub-permit revocation.

	<u> </u>	opariment within a calonidar day	o or a oab porm	it rovocatio	· · ·
1. PERMITTEE INFORMAT	TION			1 00 15 11 11	
Permittee Name (Last, First)				GO ID # (if a	pplicable)
Mailing Address (if different from	physical address)	City		State	ZIP
Preferred Telephone		Secondary Telephone	Email Address		<u> </u>
Facility Name			1		
Facility Address (physical)		City		State	ZIP
1A. SUB-PERMITTEE INF	ORMATION				
Name (Last, First)				GO ID # (if a	pplicable)
Mailing Address		City		State	Zip Code
Physical Address (if different from	above)	City		State	Zip Code
Telephone	Email Address	Satellite Facility Name (if applicable)			
2. REASON(S) FOR REVO	CATION (CHECK ALL THAT APPL)	<u> </u> Y)			
☐ Person relocated.			Person no longe	r able to wo	ork/volunteer.
☐ Porcon refused 3 or	more inspections (Pro	ovide dates and brief description of attempts to so	•		
Person refused 5 of	more inspections.		,		
☐ Person failed inspe	ction (Brief description of non-	compliant items)			
☐ Person not in good	standing under permit	(Brief description of why no longer in good stan	nding)		
	standing under permit				
	ACKN	IOWLEGEMENT AND SIGN	ATURE		
"I hereby request tha	_	permittee or authorized person	_	n my wildlife	e rehabilitation
-		date any required records, incl		-	
System, related to th	is individual. I have no	otified the sub-permittee or author	orized person of	this action	
		porarily possessed by the sub-p			
		ocation, as designated by the Dens the property of the State of C			
State. I affirm and at	test under penalty of p	erjury that the information provide	ded herein and a	any additior	
	·	true and accurate to the best of	,		
		1633.5(b), I acknowledge that by s legal binding equivalent to a ha			
		ecution or authentication of this f			
> Damaitte = / Dasis : .					
➣ Permittee / Designee	Signature	Print Name			Date

The Veterinarian of Record Agreement must be signed by a licensed veterinarian in good standing pursuant to the California Veterinary Medical Practice Act and California Code of Regulation Title 14 subsection 679.3(b)(6)2.

☐ Applicant – Comple	ete Sections 1 a	nd 3 🔲 Lie	censed Veteri	narian –	Complete	Sections 2, 4-5	
1. APPLICANT INFORMATION							
Full Name (First)	(Last)		(M.I.)			GO ID# (if applicable)	
Title	Primary Telephone		Primary Email				
Facility Name	-		Facility Telephone				
Facility Mailing Address (if different from physic	al address)	City		S	State	ZIP	
Facility Physical Address		City		S	State	ZIP	
2. VETERINARIAN INFORMATION	l						
Full Name (First) (Last)	(M.I.)			Veterinary L	icense Number	(Expiration Date)	
Name of Employer			Employer Address	1			
Primary Telephone			Email Address				
3. APPLICANT RESPONSIBILITIE	s		-				INITIAL
Maintain current schedule of av	ailability for a lic	ensed veterina	rian to provide	treatmen	t of rehabi	litation animals.	
Provide all required records if a assessment of the condition of							
Adhere to the standing orders	of a licensed v	eterinarian for	medication use	e and trea	atment pre	escribed for the	
rehabilitation animal.							
Rely on the licensed veterinar prescribed for the rehabilitation		ress the admir	nistration of me	edication	and veter	inary treatment	
Recognize that the purpose of a condition of good health for it			a rehabilitation	animal is	s to restore	e that animal to	
4. VETERINARIAN RESPONSIBI							INITIA
Provide veterinary consultation	for a rehabilitati	on animal such	as standing or	ders to pe	erform rout	tine procedures	
for animal care, treatment proc		•					
Provision, storage, and docum state laws.	entation of conti	rolled and non-	controlled sub	stances p	oursuant to	all federal and	
Ethical consideration of the we	Ifare and natura	I history of a re	habilitation ani	mal when	providing	any treatment.	
Rely on the permittee or their de		•				•	
animal.							
Recognize that the purpose of			a rehabilitation	animal is	s to restore	e that animal to	
a condition of good health for it							
5. VETERINARIAN SERVICES TI						□ Vaa	□ Na
Physical examinations		☐ Yes ☐ No	Diagnostic S				□ No
Dispensing Medication		☐ Yes ☐ No	Surgical Prod	ceaures			□ No
Administering Medication		☐ Yes ☐ No	Euthanasia				□ No
Prescribing Medication		☐ Yes ☐ No	Necropsy				□ No
Screening / Preventative Care		☐ Yes ☐ No	Carcass Disp	osal		⊔ Yes	□ No
Species <u>not</u> able to handle or p		,	·				
Special training or experience	with the following	g species (if ap	plicable):				

ACKNOWLEDGMENT AND SIGNATURE

"I understand that any information provided to the Department in this application and any additional information provided to the Department 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 may be provided to the Department related to this application is true and accurate to the best of my knowledge.

I understand the veterinary client patient relationship and responsibilities associated with providing veterinary medical care for rehabilitation animals. I acknowledge that this agreement does not authorize the veterinarian of record to act as a wildlife rehabilitator. I certify that I shall comply with all codes, regulations, the California Veterinary Medical Practice Act, and the standards listed in the department's 679 Native Wildlife Rehabilitation Manual. I acknowledge that any violation of these requirements can result in revocation of the permit. I understand that the permittee may select a new veterinarian of record for any reason and shall notify the department of any such change in writing within 10 business days."

The Department 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 <u>California Civil Code §1633.5(b)</u>, 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.

Licensed Veterina	rian		
	Signature	Print Name	Date
Applicant			
	Signature	Print Name	Date

A permittee or their designee shall provide a current list of authorized persons approved to conduct certain activities under the permit (e.g., homecare foster volunteers) pursuant to CCR Title 14 Section 679.3. Provide all required information for each authorized person. Additional pages and/or supplemental documentation may be provided with the form.

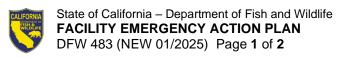
1. Applicant and Facility Information	ON						
Applicant Name (Last, First)			Date of	Birth	GO ID#	GO ID #	
Primary Telephone	Secondary Telephone	е	I	Email Address	1		
Facility Name				Facility Website (if ap	oplicable)		
Physical Address		City			State	ZIP	
Mailing Address (if different from physical address)	City			State	ZIP		
2. AUTHORIZED PERSONS		<u> </u>					
Full Name		Primary Telephon	е		Email Address		
Mailing Address		Physical Address	(if differe	nt)	 		
Relevant Experience – Minimum 40 hours (mark all that app	oly):						
☐ Education/Degree ☐ License/Certifi		mittee Trainir	ıg 🗆	External Traini	ng 🗆 Other:		
Species or taxonomic group of rehabilitation animal(s) author	rized to handle:						
		1			1=		
Full Name		Primary Telephon	е		Email Address		
Mailing Address		Physical Address	(if differe	nt)			
Relevant Experience - Minimum 40 hours (mark all that app							
☐ Education/Degree ☐ License/Certifi		nittee Trainir	ıg □	External Traini	ng Other:		
Species or taxonomic group of rehabilitation animal(s) author	rized to handle:						
Full Name		Primary Telephon	е		Email Address		
Mailing Address		Physical Address	(if differe	nt)			
Relevant Experience – Minimum 40 hours (mark all that app	oly):						
☐ Education/Degree ☐ License/Certifi		mittee Trainir	ıg □	External Traini	ng Other:		
Species or taxonomic group of rehabilitation animal(s) author	rized to handle:						
Full Name		Primary Telephon	е		Email Address		
Mailing Address		Physical Address	(if differe	nt)			
Relevant Experience – Minimum 40 hours (mark all that app	oly):						
☐ Education/Degree ☐ License/Certifi		mittee Trainir	ıg □	External Traini	ng Other:		
Species or taxonomic group of rehabilitation animal(s) author	rized to handle:						
					T T		
Full Name		Primary Telephon	е		Email Address		
Mailing Address		Physical Address	(if differe	nt)			
Relevant Experience - Minimum 40 hours (mark all that app	oly):	•					
☐ Education/Degree ☐ License/Certifi		nittee Trainir	ıg 🗆	External Traini	ng Other:		
Species or taxonomic group of rehabilitation animal(s) author	rized to handle:						

Signature

2. AUTHORIZED PERSONS (Continued)							
Full Name	Primary Telephone	Email Address					
Mailing Address	Physical Address (if different)						
Relevant Experience – Minimum 40 hours (mark all that apply):	-						
☐ Education/Degree ☐ License/Certification	n ☐ Permittee Training ☐ External	Training Other:					
Species or taxonomic group of rehabilitation animal(s) authorized to h	ıandle:						
Full Name	Primary Telephone	Email Address					
Mailing Address	Physical Address (if different)						
Relevant Experience – Minimum 40 hours (mark all that apply):	-						
☐ Education/Degree ☐ License/Certification	n □ Permittee Training □ External	Training Other:					
Species or taxonomic group of rehabilitation animal(s) authorized to h							
Full Name	Primary Telephone	Email Address					
Mailing Address	Physical Address (if different)	I					
Relevant Experience – Minimum 40 hours (mark all that apply):							
☐ Education/Degree ☐ License/Certification	n □ Permittee Training □ External	Training Other:					
Species or taxonomic group of rehabilitation animal(s) authorized to h							
Full Name	Drive and Talanhana	Carall Address					
Full Name	Primary Telephone	Email Address					
Mailing Address	Physical Address (if different)	<u>'</u>					
Relevant Experience – Minimum 40 hours (mark all that apply):							
☐ Education/Degree ☐ License/Certification	n □ Permittee Training □ External	Training Other:					
Species or taxonomic group of rehabilitation animal(s) authorized to h	nandle:						
ACKI	NOWLEDGEMENT AND SIGNATUR	RE					
I understand that any information provided to the Department related to this applicatio							
I affirm and attest under penalty of perjury the may be provided to the Department related							
The Department reserves the right to verify by the claimant, the undersigned may be le and may be subject to criminal, civil, and/o	The Department 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 and may be subject to criminal, civil, and/or denial or revocation of all rehabilitation-related privileges. The Department requires the signature of the property owner and shall not accept any form signed by a designee or third party for						
With accordance to California Civil Code § form, I agree that my electronic signature my electronic signature represents my exe	is legal binding equivalent to a hand	written signature. I hereby confirm that					
Applicant:							

Print Name

Date



A permittee, their designee, or a sub-permittee shall maintain a written facility emergency action plan pursuant to Section 679.3(a). Retain all supporting documentation with this form as a required record.

1.	APPLICANT INFORMATION											
App	licant Name (Last, First)				Date of Birth	n			GO ID #	f (if appl	licable)	
Mai	ing Address (if different from physical address)	١			City				State	ZIP		
iviai	ing / darese (ii ameren nem priyelear adarese)	,			Oity				Olato			
Prin	nary Telephone				Secondary	Teleph	one		Email A	ddress		
Fac	lity Name (if applicable)								County			
Phy	sical Address				City				State	ZIP		
					Oity				Otato	211		
2.	ANIMAL CAPTURE EQUIPMENT (C	Check All 1	Γhat A	pply)					-	•		
	Nets (Birds)			Catcl	h pole				Dart	gun		
	Nets (Bats)			Lead	s / leashes				Darts	;		
	Nets (Mammals)			Bite	sticks				Pole	syrin	ge / J	lab stick
	Nets (Reptiles/Amphibians)			Bite (gloves				Immo	biliza	ation	drugs (if applicable)
	Net gun			Anim	al control po	ole			Snak	e ton	gs	
	Live trap			Anim	al grasper /	Υpα	ole		Anim		_	
П	Protective gloves				ective eyewe				Prote	ctive	footv	vear
3.	ANIMAL TRANSPORT EQUIPMENT	Τ		<u>L</u>	,				<u> </u>			
İTE	M [AS APPLICABLE]	BRIE	F D	ESCRIP	TION							QUANTITY
	rge animal carrier, metal											
La	rge animal carrier, plastic											
La	rge animal carrier, soft sided											
	edium animal carrier, metal											
	edium animal carrier, plastic											
	edium animal carrier, soft sided											
	nall animal carrier, metal	•										
	nall animal carrier, plastic											
	nall animal carrier, soft sided											
	nall animal carrier, cardboard											
	,											
	rrarium, mesh											
	ptile / snake bucket											
	uariums, glass											
	uariums, plastic											
	ansport Carrier "Tie Downs"											
Ar	imal bags											
Tra	ailers											
4.	ANIMAL EMERGENCY SUPPLIES											-
ITE	M	QUAN ⁻	TITY	İTI	EM							QUANTITY
Ar	imal food supply (minimum 3-days)			Не	eating sourc	e (e.	g., heating	pad)				
Fc	od receptacles				ooling sourc	e (e.	g., fan)					
	ater receptacles				edding							
	rtable water container(s)				eaning supp							
	ecialty feeding supplies			Ba	asic veterina	ry m	edical sup	olies				
5.	FACILITY SAFETY [Check all that		_			, ,				г		
	First aid kits		•		/Breaker		'Animals		on			rgency Exit sign
	Smoke/CO ₂ detectors	1	ext	inguisl	hers		Eye wash	statio	on(s)		Land	lline telephone
If it	em NOT checked, briefly describe why	y:										



5 <i>A</i>	. EMERGENCY ALERT SYSTEM [Check	all that app	ly]				
	Fire alarm system				Telephone tre	ee	
	Visual alarm (e.g., flashing lights)				Audible alarm	n (e.g., airhorn)	
	Radio communication (e.g., interco	m, walkie-ta	lkie)		Mobile alert a	pp (e.g., CodeRed)	
6.	EMERGENCY CONTACTS [Call 9-1-1 in	the event of	f an emerg	enc	y]		
	PORTANT CONTACTS	TELEPHON				Address	_
Lo	cal Law Enforcement						_
Lo	cal Fire Department						
Lo	cal Ambulance / Paramedics						
Ne	arest Hospital						
Lo	cal Animal Control						
Lo	cal Health Department						
Po	ison Control Center						
Fa	cility / Property Maintenance						
	lity Company (Electric)						
	lity Company (Water)						
Ut	lity Company (Gas)						
	lity Company (Telephone/Internet)						
CI	FW Regional Office						
7.	PERSONNEL EVACUATION LEADS						
	Assembly Area Lead(s) Roll call at	designated	assembly	are	a and report to	Responder Liaison(s)	
	FIRST AID LEAD(S) CPR/AED/First A	id certified					
	RESPONDER LIAISON Primary point o	of contact fo	r First Res	pon	ders.		
	ANIMAL EVACUATION LEAD(S) Assign	ed to evacu	ate rehabil	itati	on animal by ty	pe and/or condition (e.g., bird nursery)	
8.	EVACUATION PROTOCOL						
	IIMAL RELEASE CRITERIA - Type of	animal to					
	mediately released onsite.	i animal ta					
	IMAL TRANSPORT CRITERIA - Type of acuate offsite.	ariiriai iu					
	SEMBLY AREA Designated location(Location	1:			
as	semble personnel prior to evacuation	٦.	Location				
	AGING AREA Designated location(s	•	Location				
sta	age personnel and animals after an e	vacuation.	Location				
	ACUATION ROUTE Briefly describe	` '	Primary r				
rea	ach staging area(s) offsite after an ev	acuation.	Seconda	ry rc	oute:		
	A	CKNOWLE	DGEMENT	AN	ID SIGNATUR	E	
to aff	the Department related to this applic irm and attest under penalty of perjur	ation will be y that the in	subject to	the orov	Public Recordided in this app	and any additional information provided ds Act and may be publicly available. I plication and any additional information curate to the best of my knowledge."	
for		ıre is legal b	oinding equ	uiva	ent to a handw	oviding my electronic signature for this written signature. I hereby confirm that and my intent to be bound by it.	
Ø	Applicant:Signature		Print I	Vame		 Date	
	Olgilatuic		1 111101	141110	•	Date	



🖎 Applicant: _

Signature

The Department may conduct visits during a reasonable time of the day, on any day of the week, to inspect any facility, equipment, or wildlife possessed by the permittee, sub-permittee, or their designee, and may enter the facilities when the permittee, sub-permittee, or their designee are present pursuant to CCR Section 679.7.

permittee, sub-permittee, or their desi	gnee are present pursuan	to CCR Section	on 679.7.		
1. APPLICANT INFORMATION		Γ		1	
Applicant Name (Last, First)		Date of Birth		GO	ID # (if applicable)
Mailing Address (if different from physical)	City	I	State	ZIP)
Preferred Telephone	Secondary Telephone	Email Address	i	l l	
Facility Name					
Facility Address (physical)		City		State	ZIP
2. PROPERTY OWNER INFORMATION				•	
Property Owner Name (Last, First)		Title			
Preferred Telephone		Email Address			
Mailing Address (if different from physical)		City		State	ZIP
Physical Address		City		State	ZIP
3. PROPERTY OWNER ACKNOWLEDGEN	MENT AND SIGNATURE	<u>_</u>			<u> </u>
inspection at any reasonable time or I hereby give permission for the Deptime of the day, on any day of the wanimals. With accordance to California Civil C I agree that my electronic signature electronic signature represents my e Property Owner: Signature	partment, or its designee, to eek, to inspect any facility, ode §1633.5(b), I acknowle is legal binding equivalent.	enclosures, equenced enclosures, enclosures, equenced enclosures, enclos	quipment, written in poviding my electro written signature.	records nic sigr I hereb	, and rehabilitation nature for this form, by confirm that my
4. APPLICANT ACKNOWLEDGEMENT AN	ID SIGNATURE				
I understand that any information protein Department related to this applic. I affirm and attest under penalty of p that may be provided to the Department reserves the right to vericlaimant, the undersigned may be led be subject to criminal, civil, and/or deliberation of the permit is a privilege, and that I may be of these requirements can result in reserved.	ovided to the Department in ation will be subject to the erjury that the information nent related to this applicatify the undersigned claims. It is gally obligated to compensenial or revocation of all reless property of the State and esubject to inspection at a	Public Records provided in this tion is true and Should this ve ate the State for habilitation-related is subject to	s Act and may be a sapplication and accurate to the brification reveal in a costs associated ted privileges.	oublicly any ado est of m tention d with vo	ditional information my knowledge. The al falsehood by the erification and may
With accordance to California Civil C I agree that my electronic signature electronic signature represents my e	e is legal binding equivale	ent to a handw	ritten signature.	I hereb	by confirm that my

Print Name

Date

DATE OF INSPECTION:			INSF	ECTED BY:					
1. REASON FOR INSPECTION [check a	I that apply]								
□ Facility (New) □ Facility (Re	newal) 🗆 Fa	acility (Satellite)	Re-Ir	spection 🗆 Va	ariance				
□ Speciality Rehabilitation Authoriza	•	• •		ther-Qualified Han					
2. PERSONAL INFORMATION									
Full Name (Last, First)	Permittee Name (i	f different)		GO ID # (if applicable)	Federal	Perm	it # (if	applio	cable)
Land (2001, 1 moly	r ommittee riame (i	· amoromy		00 is " (" applicasio)	. 000.01	арр	<i>,</i> ab.0,		
Mailing Address	City		State	ZIP					
Physical Address (if different)		City			State		ZIP		
, ,		,							
Primary Telephone	Secondary Teleph	one		Email Address					
3. FACILITY INFORMATION									
Facility Name	Facility Physical A	ddress		□ Property Owner	□ Tenar	nt 🗆	Othe	er	
Number of Staff	Number of	Number of Sub-Permittee	ne .	Number of Authorized	Number				dlere
Number of Staff	Volunteers	Number of Sub-1 enfiltee	73	Persons	Number	UI Q	aiiiieu	iiiaii	JICIS
			SPECIA	 LTY REHABILITATION [select al	l that apply	y]			
TAXONOMIC GROUP [select all that apply]			□ Lar	ge Carnivore 🛮 Ungu	ılate □ V	enor/	nous	Sna	ake 🗆
□ Herptile □ Mammal □ Waterbird □ Raptor □	□ Passerine/Other A	vifauna	Eagle	, Osprey, Falcon					
4. INSPECTION REQUIREMENTS (E = E)	cceed Requirements, N	I = Meets Requirements, F = I	_		ot Applical	ble)			
				•			84	_	bi/a
FACILITY REQUIREMENTS (TITLE 14 C						Е	M	F	N/A
Permit(s) clearly visible and on disp Veterinarian of Record Agreement	iay at the racility	1							+
Facility Operation Plan									+
Facility Operation Flam Facility Emergency Action Plan - cu	rrent and readily	, accessible							+
Fire alarms, fire extinguishers, eme									+-
Emergency evacuation procedures									+
Current List of Sub-Permittees	- clearly visible	and on display							+
Current List of Authorized Persons									+
Current List of Authorized Fersons Current List of Qualified Handlers									+
Personnel training protocol (if applic	rahle)								+
Public Reporting protocol	odbio)								+
Satellite facility inspection records									+
Authorized persons inspection reco	rds								+
Succession Plan for continued care		animals if no longer	able t	o provide care					+-
ENCLOSURE REQUIREMENTS (TITLE 1				- р		Е	М	F	N/A
Enclosures constructed and secure		• • • • • • • • • • • • • • • • • • • •	gress l	oy any animal.					
Enrichment suitable for the develop									
Enclosures have sufficient drainage	to prevent stan	ding water from accu	umulat	ing.					
Enclosure Labels: Common species				-					
Visual and physical separation betw					nimals.				
Visual/physical separation between	rehabilitation an	nimals and domestic	anima	ls and restricted spe	ecies.				
Rehabilitation animals have minima	l direct human c	contact and not displa	ayed to	the public.					
Pre-Release Enclosures Minimum S									
Pre-Release Enclosures Minimum S	Size - Raptors								
Pre-Release Enclosures Minimum S	Size – Passerine	es/Other Avifauna							1
Pre-Release Enclosures Minimum S	Size - Mammals								
Pre-Release Enclosures Minimum S									
Pre-Release Enclosures Minimum S	Size - Venomous	s Snake							

Pre-Release Enclosures Minimum Size – Large Carnivore					
Pre-Release Enclosures Minimum Size – Ungulate					
Pre-Release Enclosures Minimum Size – Specialty Rehabilitation	Raptors				
HUMANE CARE AND TREATMENT STANDARDS (TITLE 14 CCR § 679.5)		Ε	M	F	N/A
Food/Water: Suitable Animal Diet, Clean fresh water					
Food/Water Receptacles: Clean and sanitary receptacles					
Food Safety Protocol: Safely handle, prepare, and store rehabilitate	ion animal food				
Biosecurity Practices: Protocol to control pests and parasites					
Biosecurity Practices: Protocol to prevent communicable diseases	, cleaning and disinfecting schedule				
Euthanasia protocol: List of euthanasia trained staff					
Euthanasia protocol: Euthanasia methods by taxa/species					
Euthanasia protocol: Use & storage of controlled substances					
Carcass storage and disposal protocols					
Triage Criteria: Protocol for how rehabilitation animals are triaged	•				
Required Records – Availability (Intake history, patient record, ann	ual reports – last 5 years only)				
5. ENCLOSURES INSPECTION		•			
Use Tables 1-3. Add additional documentation as needed.					
6. INSPECTION NOTES					
ITEMS THAT FAIL TO MEET REQUIREMENTS (OBSERVED DEFICIENCIES):					
ITEMS THAT EXCEED REQUIREMENTS:					
OTHER ITEMS OBSERVED DURING THE INSPECTION:					
7. INSPECTION DETERMINATION					
□ PASS - Meets all requirements					
□ FAIL - Does not meet all requirements (recommend re-ins	spection)				
☐ FAIL - Does not meet all requirements (recommend denia	•				
·	,				
☐ FAIL - Does not meet all requirements (recommend revoc	alion)				
CERTIFICATION OF IN	SPECTION				
"I have inspected this facility and affirm that the information pr	ovided in this inspection report and	anv	, add	ditio	nal
information that may be provided to the Department related to					
my knowledge. I hereby certify the results of the inspection p					
679."	η				
Authorized Inspector:			_		
Signature Print Name	Title	Da	ate		
> Permit Holder/Designee:					
Signature Print Nam	e Title	Da	ate		
3	*****				

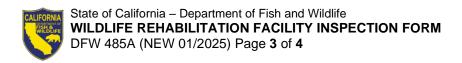


Table 1. Mammal Enclosure Inspection (including specialty rehabilitation).

	ENCLOSURE #	Enclosure #	ENCLOSURE #	ENCLOSURE #
	SPECIES:	SPECIES:	SPECIES:	SPECIES:
679 Enclosure Dimensions*				
Dimensions				
Construction				
Double door with locks (if applicable)				
Secured doors				
Substrate				
Predator proof				
Visual barrier				
Hide boxes or sheltered retreat				
Sufficient drainage				
Pool (if applicable)				
Enrichment				
Additional notes:				
Additional notes.				

^{*679} Native Wildlife Rehabilitation Regulation Manual – refer to tables for minimum enclosure and enrichment requirements. Mammals – Table 5-6 Specialty Mammals – Table 12-13 Duplicate this page as needed

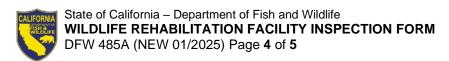


Table 2. Avian Enclosure Inspection (including specialty rehabilitation).

	ENCLOSURE#	ENCLOSURE #	ENCLOSURE#	ENCLOSURE #
	SPECIES:	SPECIES:	SPECIES:	SPECIES:
679 Enclosure Dimensions*				
Dimensions				
Construction				
Double door with locks (if applicable)				
Secured doors				
Substrate				
Predator proof				
Visual barrier				
Hide boxes, nest box, or				
sheltered retreat (if applicable)				
Sufficient Drainage				
Pools (if applicable)				
Enrichment				
Additional notes:				

*679 Native Wildlife Rehabilitation Regulation Manual – refer to tables for minimum enclosure and enrichment requirements. Bird (not waterbirds) – Tables 7 and 8 Waterbirds – Tables 9-11 Eagles & Falcons – Tables 12-13 Duplicate this page as needed

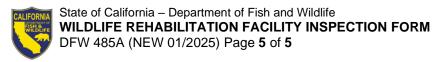


Table 3. Amphibian and Reptile Enclosure Inspection (including specialty rehabilitation).

	ENCLOSURE #	ENCLOSURE #	ENCLOSURE#	ENCLOSURE #
	SPECIES:	SPECIES:	SPECIES:	SPECIES:
679 Enclosure Dimensions*				
Dimensions				
Construction				
Securable door/enclosure				
Substrate				
Predator proof				
Hide box/sheltered retreat				
Temperature/humidity control				
UV light				
Water feature (if applicable)				
Labeled "Venomous" (if applicable)				
Enrichment				
Additional notes:				

*679 Native Wildlife Rehabilitation Regulation Manual – refer to tables for minimum enclosure and enrichment requirements. Amphibians and Reptiles – Table 4 Venomous Snakes – Table 12-13 Duplicate this page as needed

DATE OF INSPECTION:			INSPECTED	BY:							
1. REASON FOR INSPECTION (check all that approximately second)	oply)										
☐ Inspection (New) ☐ Re-Inspection ☐	☐ Speciality R	ehal	bilitation (no larg	e carn	ivores)	□ Autor	ized	Perso	on 🗆	Vari	ance
2. PERMITTEE INFORMATION											
Permittee Name (Last, First)		GO I	D # (if applicable)			Federal Po	ermit #	(if applic	cable)		
3. Sub-Permittee Information						I.					
Sub-Permittee Name (Last, First)		Tele	phone Number			Federal Per	rmit # (it	fapplica	ıble)		
Mailian Address (if different from physical address)			Cit.			<u> </u>	C+-+-		7:	0-1-	
Mailing Address (if different from physical address)			City				State		Zip	Code	
Physical Address			City				State		Zip	Code	
Email Address:			Facility Name (if applica	able)							
4. FACILITY INFORMATION											
Facility Name	Facility Physical Ad	ldress			□ Prope	erty Own	er 🗆	Tenar	nt 🗆 C	Other	
Number of Staff	Number of	N	Number of Sub-Permittee	S	Number o	f Authorized		Numbei	of Qua	lified H	andlers
	Volunteers				Persons						
TAXONOMIC GROUP [select all that apply]						TATION [selec			-		l
□ Herptile □ Mammal □ Waterbird □ Raptor □ Pa	asserine/Other Av	⁄ifaun	a			ore □ U	ngulat	e □ v	enom	ous S	inake 🗆
					Osprey, I						
5. INSPECTION REQUIREMENTS (E = Exceed	d Requirements, M = N	Meets F	Requirements, F = Fails to	o Meet Re	quirements,	N/A = Not A	pplicabl	_		,	
REQUIREMENT (FACILITY OPERATIONS)								Е	М	F	N/A
Permit is at the facility and easily acce											
Proof of other valid permit(s), if applica	able										
Required records (Section 679.5(c))											
Procedure for accepting calls from the											
Procedure for accepting injured, sick,						- 1 -					
Procedure for keeping domestic anima											
Training Protocols for staff/volunteers,	including trail	ning	records (i.e., da	tes, ae	escriptio	n or					
training) REQUIREMENT (HEALTH AND SAFETY)								Е	М	F	N/A
Protocol for handling rabies vector spe	noi no							_	IVI	Г	IN/A
Protocol for communicable disease tra		OVO	ntion and contro	.I							
Protocol for Personal Protection Equip			illori, and confic	<i>/</i> 1							
Location of fire alarms, fire extinguished			rits (if applicable)	1							
Emergency evacuation procedures cle		•	` ,	<u>'</u>							
Food safety protocols to safely handle				nd hur	man foo	d					
Carcass storage and disposal protoco						-					
Facility and enclosure cleaning schedu											
REQUIREMENT (ANIMAL WELFARE)	•							Е	М	F	N/A
Procedures for the use & storage of co	ontrolled subs	tanc	es								
Euthanasia protocols including list of e											
Indoor and outdoor enclosure requirer											

6. ENCLOSURES INSPECTION			
Use Tables 1-3. Add additional documentation as nee	eded.		
7. INSPECTION NOTES			
ITEMS THAT FAIL TO MEET REQUIREMENTS (OBSERVED DEFICIEN	ICIES):		
ITEMS THAT EXCEED REQUIREMENTS:			
OTHER ITEMS OBSERVED DURING THE INSPECTION:			
8. INSPECTION DETERMINATION			
□ PASS - Meets all requirements			
☐ FAIL - Does not meet all requirements (recom	mend re-inspection)	1	
□ FAIL - Does not meet all requirements (recom			
□ FAIL - Does not meet all requirements (recom	,		
·	,		
ACKNOWLEDG	SEMENT AND SIGNA	TURE	
I understand that any information provided to the provided to the Department related to this applic publicly available.			
I affirm and attest under penalty of perjury that the information may be provided to the Department reknowledge.	-	• •	•
The Department reserves the right to verify the undersigned may associated with verification and may be subject to related privileges. The Department requires the subject by a designee or third party for permission	ay be legally obliga criminal, civil, and/o ignature of the prop	ated to compensate the Stor denial or revocation of all erty owner and shall not acc	ate for costs rehabilitation-
With accordance to California Civil Code §1633.5(this form, I agree that my electronic signature is confirm that my electronic signature represents m bound by it.	legal binding equiva	alent to a handwritten signa	ture. I hereby
> Permittee:	Div.(1)		
Signature	Print Name	Date	
"I have inspected these facilities and affirm that requirements listed in Title 14 CCR 679. I here			
> Inspector:			
Signature	Print Name	Date	

Table 1. Mammal Enclosure Inspection (including specialty rehabilitation).

	ENCLOSURE #	ENCLOSURE #	ENCLOSURE #	ENCLOSURE #
	SPECIES:	SPECIES:	SPECIES:	SPECIES:
679 Enclosure Dimensions*				
Dimensions				
Construction				
Double door with locks (if applicable)				
Secured doors				
Substrate				
Predator proof				
Visual barrier				
Hide boxes or sheltered retreat				
Sufficient drainage				
Pool (if applicable)				
Enrichment				
Additional notes:				
Additional notes.				

*679 Native Wildlife Rehabilitation Regulation Manual – refer to tables for minimum enclosure and enrichment requirements.

Mammals - Table 5-6

Specialty Mammals – Table 12-13 Duplicate this page as needed

Table 2. Avian Enclosure Inspection (including specialty rehabilitation).

	ENCLOSURE #	ENCLOSURE #	ENCLOSURE #	ENCLOSURE #
	SPECIES:	SPECIES:	SPECIES:	SPECIES:
679 Enclosure Dimensions*				
Dimensions				
Construction				
Double door with locks (if applicable)				
Secured doors				
Substrate				
Predator proof				
Visual barrier				
Hide boxes, nest box, or sheltered retreat (if applicable)				
Sufficient Drainage				
Pools (if applicable)				
Enrichment				
Additional notes:				

^{*679} Native Wildlife Rehabilitation Regulation Manual – refer to tables for minimum enclosure and enrichment requirements. Bird (not waterbirds) – Tables 7 and 8 Waterbirds – Tables 9-11 Eagles & Falcons – Tables 12-13 Duplicate this page as needed



Table 3. Amphibian and Reptile Enclosure Inspection (including specialty rehabilitation).

	ENCLOSURE #	ENCLOSURE #	ENCLOSURE #	ENCLOSURE #
	SPECIES:	SPECIES:	SPECIES:	SPECIES:
679 Enclosure Dimensions*				
Dimensions				
Construction				
Securable door/enclosure				
Substrate				
Predator proof				
Hide box/sheltered retreat				
Temperature/humidity control				
UV light				
Water feature (if applicable)				
Labeled "Venomous" (if applicable)				
Enrichment				
Additional notes:				

*679 Native Wildlife Rehabilitation Regulation Manual – refer to tables for minimum enclosure and enrichment requirements. Amphibians and Reptiles - Table 4

Venomous Snakes – Table 12-13

Duplicate this page as needed



A permittee, their sub-permittee, or designee may submit a request for variance of any required enclosure construction design, size, or materials to the Department of Fish and Wildlife pursuant to subsection 679.4(c) of Title 14, California Code of Regulations. The Department shall provide notification of a denial of a variance request pursuant to subsections 679.7(b) and 679.9(c).

1. APPLICANT INFORMATION				
Applicant Name (Last, First)	Facility Name (if applicable)	GO ID#	Primary Telephone	Email Address
Mailing Address (if different from physical addres	SS)	City		State ZIP
Physical Address		City		State ZIP
2. LOCATION OF REQUESTED	O VARIANCE			
□ Wildlife Rehabilitation Facility		cation (Authorized	Person):	
□ Satellite Facility (Sub-Permitt				
3. CATEGORY OF VARIANCE				
☐ Minimum Size ☐ Max #	Animals Construction	n Design/Material	s Location Change	e (alternate site on/off property
4. Type of Variance	Describe change	or difference from the	requirement(s) (attach add	litional documentation as needed):
□ New Construction	Describe driange	or difference from the	requirement(s) (attach ade	miorial accumentation as necaca).
☐ Existing Construction				
☐ Modification of Existing Co				
5. Reason(s) For Request	[MARK ALL THAT APPLY]			
□ Requirement will result in			-	•
I -	·			Itered construction elements.
		use of other rest	rictions (e.g., HOA, o	rdinance, zoning, historically o
culturally significant site):				
	VCKNOWI EL	OGEMENT AND	SIGNATURE	
"I declare under penalty of				iance and any additional
information that may be prov				
information provided to the D				
The Department reserves the	e right to verify the unders	igned claims. Sh	ould this verification re	eveal intentional falsehood
by the claimant, the undersig	ned may be legally obligat	ed to compensate	e the State for costs as	ssociated with verification.
With accordance to Californ				
form, I agree that my electron				
electronic signature represer	nts my execution or auther	ntication of this ic	orm, and my intent to t	be bound by it.
Applicant:		Drint Name		Data
Signa	tture	Print Name		Date
ARIANCE DETERMINATION [***(Official Use Only***1			
☐ Approve [No Inspection Re		Required Cond	litions (attach supplemental do	cumentation as needed):
	' -	i i		
☐ Approve [Inspection Requi	-			
☐ Deny – Fails to meet require	•			
wildlife, animal welfare, hu or agricultural interests	iman nealli and Salety,			
Authorized Staff:	ignature F	Print Name		

		CALE	NDAR YE	AR: _	(DUE B	Y JAN	NUAR	Y 31)				
A permittee, the occurred the permittee (WRMD) annual	rior calendar												
☐ CDFW Annu	ual Report - 0	Complete A	II Sectio	ns 🛚	☐ WRMD or O	ther	Annu	ıal R	eport -	- Con	nplete S	ectio	ns 1-2, 7
					<u>ca.gov;</u> or mail 701 Nimbus R								70
1. PERMITTEE IN				,		,	-	_,			,		
Permittee Name (Last, F				1 (GO ID #				Other	Permits			
(,	,												
Primary Telephone		Sec	ondary Teleph	one			Emai	l Addr	ess				
Mailing Address				(City						State	ZIP	ı
Facility Name (if applica	ble)			1				Cou	nty			I	
Facility Address (physic	al)				City						State	ZIP	1
Facility Email						Facilit	ty Webs	ite				_	
2. SUMMARY OF Total intake tax Euthanized, D:	a sum shoul	ld equal to										ther f	acility, E:
Lutilariizcu, D.	Total	R	T	ai, ixt	E E	.ii i a	D D		DO		RU	RIC	
Amphibians	Total	- 1	•		_						I.O		1110
Reptiles													
Birds													
Mammals													
Total													
3. WILD ANIMA			NAL PAGES				T =	_	T =	_	DO4		DIO
Species or Cor	<u>nmon name</u>	!		lota	al Received	R	T	Р	E	D	DOA	RU	RIC
								-					

4. REHABILITATION	RAPTOR TR	ANSFERS TO LICENSE	ED FALCONER (SUB-	PERMITTEE)	
SPECIES OR COMM	ION	IDENTIFICATION #	LOCATION ADDR	ESS	TRANSFER DAT
NAME					
5. CONTINUING ED	UCATION (8 H	HOURS REQUIRED AN	INUALLY).		<u> </u>
				Qualified Handler (QA), Authori	zed Person (AP)
NAME (LAST, FIRS		DESCRIPTOR	TITLES OF TRAIN	IING	Hours
,	•				
_					
6. NON-RELEASAB	LE WILDLIFE	-			
☐ 671 restricted s	species perm	nit #	🗆 Other depai	rtment authorization:	
Identification #	Species of	r Common Name	Date Acquired	Location Address	
7 ACKNOWIED	CEMENT A	ND CICNATURE			
	at any infori	mation provided to		this application and any addi	
				ct to the Public Records Act and	
				nformation provided in this applited to this application is true an	
best of my knowle		be provided to the	ie Department relat	ed to this application is true an	d accurate to the
1	•	costs incurred for an	v activities perform	ned under the permit. I understa	nd that the permit
				ble time or day. I understand the	
		s subject to control		and an adj. I dildololalid lik	at whome formalls
		•		e that by providing my electronic	eignature for this
				to a handwritten signature. I he	
				this form, and my intent to be b	
		,		, ,,	,
Applicant:	Signatur	e	Print Name		 Date

Authorized Staff: _

Signature

Print Name

Title

Date

A permittee, their sub-permittee, or designee may request to the Department approval for permanent placement of a rehabilitation animal considered by such persons to be unsuitable for release to the wild pursuant to CCR Title 14 Section 679.6. A requestor shall notify the department via email at RehabWildlife.ca.gov within 30 calendar days of the last examination and submit required information.

		10 000										
1. REQUESTING PARTY												
Name (Last, First)							GO ID #	!				
Mailing Address (if different from	n physical	address):			City					State		Zip
Physical Address:					City				State		Zip	
Telephone Number Email Address								Fac	ility Nam	ne (if applicable	e)	
2. ANIMAL INFORMATIO								1				
Common Species or Scientific I	Name:			Animal In	ntake #:				I	ntake Date:		
Age/Age Class: Sex:				Weight:			Microchi	ip/Tag/Oth	er Identi	fier (if applicab	ole):	
3. ANIMAL EXAMINATIO	N ^{(*NO LA⁻}	TER THAN 30 C	ALENDAR DAY	YS FROM DAT	TE OF REQ	UEST)						
Date of Last Exam*		ast, First)							Title			
Physical Address of Exam			Telephone	Number					Email ad	ddress		
Signature of Examiner						Veterinaria	an / Regist	tered Veter	rinary Te	echnician Licen	nse No.	(if applicable)
4. ANIMAL CONDITION	(Check all	that apply)										
☐ Amputated limb, foot,	or wing	at or abov	e humero	-ulnar joi	int [☐ Perma	nent visı	ual impa	irment			
Permanent damage t										llysis, or pa	resis	
Permanent inability to												
☐ Permanent inability to	o display	natural lif	e history t	pehaviors	s of its s	species (e	e.g., hab	ituate, m	nal-imp	orint)		
Briefly describe:												
5. ANIMAL WELFARE F	REQUIRE	MENTS ^{(Ch}	eck all that ap	oply)								
☐ Requires Medication	n (tempo	rary)				Require	es Medio	cation (Ic	ng-ter	m)		
☐ Requires Medical T			ry)							(long-term)		
☐ Requires Enclosure						•	•			ied Feeding		
☐ Must Be Housed wi						Must B	e House	ed Alone				
6. SUGGESTED PLACE	MENT O	PTIONS (If a	applicable)									
"I understand that and to the Department reand attest under pen may be provided to the	lated to alty of	this repo perjury th	vided to rt will be at the in	the Dep subject formatio	artmer to the	Public R	documo Records this doc	Act an cument	d may and a	/ be public any additio	ly ava	ailable. I affirn
The Department rese by the claimant, the u	rves the	e right to	verify the	unders	igned (claims. S	Should t	this veri	ificatio	on reveal ir	ntenti	onal falsehoo
With accordance to gorm, I agree that my electronic signature r	electro	nic signat	ure is leg	ıal bindiı	ng equ	ivalent to	a han	dwritter	n signa	ature. I her	reby o	confirm that m
Requesting Party:												
		Signature				Print Nam	е				D	ate
PERMANENT PLACEME	NT DETE	RMINATIO	N [***Offic	ial Use C	Only***]							
☐ Approve [No Other Ex	camination	n Required]	□ App	rove ^{[Oth}	her Exan	mination Re	equired]	Approv	ed Fa	cility:		
☐ Deny [Fails to protect a	animal we	elfare, native								□Transf	er 🗆	Release
						_						