



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, First)		Date of Birth	GO ID # (if applicable)	
Mailing Address (if different from physical address)	City		State	ZIP
Preferred Telephone	Secondary Telephone	Email Address		
Facility Name			County	
Facility Address (physical)	City		State	ZIP
Facility Telephone	Facility Email Address	Facility Website		

2. APPLICANT REQUIRED EXPERIENCE

Demonstrate completion of at least 1,000 hours of relevant experience completed no more than 5 years from the date of the application. Relevant education may be accepted as a substitute for up to 300 hours of the required experience.

VOLUNTEER/WORK EXPERIENCE

(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				

(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				

(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				

EDUCATION / TRAINING

1 Degree:	Completion Date:	1 Certificate/License:	Completion Date:
Accredited Institution:		Program / Course Name:	
2 Degree:	Completion Date:	2 Certificate/License:	Completion Date:
Accredited Institution:		Program / Course Name:	
3 Degree:	Completion Date:	3 Certificate/License:	Completion Date:
Accredited Institution:		Program / Course Name:	



3A. DESIGNEE INFORMATION (if applicable)			
Designee Name (Last, First)	Date of Birth	Email Address	Primary Telephone
Mailing Address	City	State	Zip Code
Physical Address (if different from above)	City	State	Zip Code

3B. DESIGNEE REQUIRED EXPERIENCE
 Demonstrate completion of at least 500 hours of relevant experience completed no more than 5 years from the date of the application. Relevant education may be accepted as a substitute for up to 300 hours of the required experience.

VOLUNTEER/WORK EXPERIENCE			
(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			
(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			
(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			

EDUCATION / TRAINING			
1 Degree:	Completion Date:	1 Certificate/License:	Completion Date:
Accredited Institution:		Program / Course Name:	
2 Degree:	Completion Date:	2 Certificate/License:	Completion Date:
Accredited Institution:		Program / Course Name:	

4. PUBLIC CONTACT INFORMATION
Desired public contact information to be posted on the CDFW Wildlife Rehabilitation Program webpage (check all that apply): <input type="checkbox"/> Facility Name <input type="checkbox"/> County/City <input type="checkbox"/> Telephone <input type="checkbox"/> Website <input type="checkbox"/> Type of Wildlife Accepted <input type="checkbox"/> Do Not Share

5. PROPOSED REHABILITATION ANIMALS					
Indicate the proposed species to rehabilitate and the maximum number that may be temporarily possessed at any one time.					
AMPHIBIANS	MAX #	REPTILES	MAX #		
Frogs, Treefrogs		Lizards			
Newts, Salamanders		Non-Venomous Snake			
Toads		Tortoises			
		Turtles			
CHIROPTERA	MAX #	INSECTIVORA	MAX #	LAGOMORPHA	MAX #
Bats		Mole		Hare	
DIDELPHIMORPHIA	MAX #	Shrew		Rabbit	
Opossum					



RODENTIA	MAX #	RODENTIA	MAX #	RODENTIA	MAX #
Chipmunk		Muskrat		North American Porcupine	
Ground Squirrel		Native Mouse, Rat, Vole		Pocket Gopher	
Flying Squirrel		North American Beaver		Tree Squirrel	
Marmot					
CARNIVORA	MAX #	CARNIVORA	MAX #	CARNIVORA	MAX #
Badger		Foxes		Skunk	
Bobcat		Ringtail		Weasel, Mink, Ermine	
Coyote		River Otter		Wolverine	
Fisher, Marten		Raccoon			

AVIFAUNA

U.S. Fish and Wildlife Service (USFWS) migratory bird rehabilitation permit is required *prior* to rehabilitating any wild bird.

No USFWS Permit USFWS Permit [In Progress] Application Date: _____ USFWS Permit #: _____

APODIFORMES	MAX #	ACCIPITRIFORMES	MAX #
Swifts		Turkey Vultures	
Hummingbirds		Northern Harrier	
CAPRIMULGIFORMES	MAX #	Swainson's Hawk, Ferruginous Hawk	
Nighthawk, Nightjar, Poorwill		Sharp-shinned Hawk	
CUCULIFORMES	MAX #	Red-shouldered Hawk, Cooper's Hawk	
Roadrunners		Harris' Hawk, Rough-legged Hawk, Red-tailed Hawk	
FALCONIFORMES	MAX #	Osprey	
American Kestrel		COLUMBIFORMES	MAX #
Kite		Doves, Pigeons	
Merlin		PASSERIFORMES	MAX #
PICIFORMES	MAX #	Species less than 6 inches (unless otherwise listed)	
Woodpecker (species less than 12 inches)		Species greater than 6 inches (unless otherwise listed)	
Woodpecker (species greater than 12 inches)		Swallows	
STRIGIFORMES	MAX #	Bushtits	
Burrowing owl		Quail	
Barn owl, Long-eared owl, Short eared owl		Sage Grouse	
Great horned, Spotted owl		Jays, Crackles, Magpies	
Flammulated owl, Northern pygmy owl, Northern saw-whet, Western screech owl		Crows, Ravens	
ANSERIFORMES	MAX #	CHARADRIIFORMES	MAX #
Dabbling Duck		Alcid	
Diving Duck, Merganser, Stiff-tailed Duck		Gull, Tern (species less than 14 inches)	
Native Geese		Gull (species greater than 14 inches), Jaeger, Skua	
Native Swan		Phalaropes	
CICONIIFORMES	MAX #	Shorebirds (species greater than 10 inches)	
Bittern, Heron, Egret, Stork, Ibis (species less than 20 inches)		Oystercatcher, Skimmer, Tern (species greater than 14 inches), Wilson's Phalarope	
Bittern, Heron, Egret, Stork, Ibis (species greater than 20 inches)		Plover, Sandpiper, Shorebirds (less than 10 inches) (unless otherwise listed)	
CORACIIFORMES	MAX #	GRUIFORMES	MAX #
Kingfishers		Cranes	
GAVIIFORMES	MAX #	Rail (species less than 10 inches)	
Loons		Rail (species greater than 10 inches)	
PELECANIFORMES	MAX #	Coots	
Brown Pelican		PROCELLARIIFORMES	MAX #
White Pelican		Albatross	
Frigatebird		Fulmars, Storm Petrels	
Other species		Shearwaters, Other Petrel species	



SULIFORMES	MAX #	PODICIOEDIFORMES	MAX #
Boobies, Cormorants		Grebes	

6. DECLARATION OF ENCLOSURES

Provide photographs, diagrams, or other plans, **for each type** of the following enclosures: neonate, pre-release conditioning. Attach documentation as needed.

Variance Request – New Permit Variance Request – Permit Renewal Existing Variance– 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					
EULIPTYPHIA	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					



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)					
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)					
Quantity					
Material					
ANSERIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CHARADRIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CICONIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CORACIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
GAVIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					



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 PLAN

Briefly describe or attach the following standard procedures for the proposed facility pursuant to these regulations.

- Data Storage Method:
- Animal Intake and Triage Protocol:
- Euthanasia Protocol:
- Animal Care Protocol:
- Animal Husbandry Protocol:
- Biosafety Protocol:
- Training Protocol:
- Contingency Plan: List of person(s) requested by the applicant for Department approval to provide temporary possession and continuity of care for rehabilitation animals if the applicant or their designee are unable to provide care for any reason.

Full Name (Last, First)1	Date of Birth	Email Address	Primary Telephone	
Mailing Address	City		State	Zip Code
Physical Address (if different from above)	City		State	Zip Code
Full Name (Last, First)2	Date of Birth	Email Address	Primary Telephone	
Mailing Address	City		State	Zip Code
Physical Address (if different from above)	City		State	Zip Code



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."

Initials	I hereby certify that I have not been convicted of a crime of moral turpitude.
Initials	I hereby certify that I have not violated any provision of these regulations, Fish and Game Code Section 1054, or Penal Code Section 597.
Initials	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.
Initials	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 applicable): _____
 Signature Print Name Date

SECTION 7. Contingency Person¹ (required): _____
 Signature Print Name Date

SECTION 7. Contingency Person² (optional): _____
 Signature Print Name Date



SUB-PERMIT APPLICATION

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.

1. PERMITTEE INFORMATION			
Applicant Name (Last, First)		Date of Birth	GO ID # (if applicable)
Mailing Address (if different from physical address)	City		State ZIP
Preferred Telephone	Secondary Telephone	Email Address	
Facility Name			County
Facility Address (physical)	City		State ZIP

1A. SUB-PERMITTEE INFORMATION			
Sub-Permittee Name (Last, First)		Date of Birth	GO ID #
Satellite Mailing Address	City		State Zip Code
Satellite Physical Address (if different from above)	City		State Zip Code
Satellite Facility Name (if applicable)	Preferred Telephone	Secondary Telephone	Email

2. REQUIRED EXPERIENCE

Sub-permittee must be at least 21 years of age and demonstrate completion of at least 500 hours of work or volunteer experience under the supervision of a wildlife rehabilitation permittee in California completed no more than 5 years from the date of the application. Relevant education may be accepted as a substitute for up to 150 hours of the required experience.

EXPERIENCE

(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

(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

(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

EDUCATION / TRAINING

1 Degree:	Completion Date:	1 Certificate/License:	Completion Date:
Accredited Institution:		Program / Course Name:	
2 Degree:	Completion Date:	2 Certificate/License:	Completion Date:
Accredited Institution:		Program / Course Name:	



3A. DESIGNEE INFORMATION (if applicable)			
Designee Name (Last, First)	Date of Birth	Email Address	Primary Telephone
Mailing Address	City		State Zip Code
Physical Address (if different from above)	City		State Zip Code

3B. DESIGNEE REQUIRED EXPERIENCE
 Demonstrate completion of at least 500 hours of relevant experience completed no more than 5 years from the date of the application. Relevant education may be accepted as a substitute for up to 300 hours of the required experience.

VOLUNTEER/WORK EXPERIENCE			
(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			
(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			
(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			

EDUCATION / TRAINING			
1 Degree:	Completion Date:	1 Certificate/License:	Completion Date:
Accredited Institution:		Program / Course Name:	
2 Degree:	Completion Date:	2 Certificate/License:	Completion Date:
Accredited Institution:		Program / Course Name:	

4. PUBLIC CONTACT INFORMATION
Desired public contact information to be posted on the CDFW Wildlife Rehabilitation Program webpage (check all that apply): <input type="checkbox"/> Satellite Facility Name <input type="checkbox"/> County/City <input type="checkbox"/> Telephone <input type="checkbox"/> Website <input type="checkbox"/> Type of Wildlife Accepted <input type="checkbox"/> Do Not Share

5. PROPOSED REHABILITATION ANIMALS						
Indicate the proposed species to rehabilitate and the maximum number that may be temporarily possessed at any one time.						
AMPHIBIANS		MAX #	REPTILES		MAX #	
Frogs, Treefrogs			Lizards			
Newts, Salamanders			Non-Venomous Snake			
Toads			Tortoises			
			Turtles			
CHIROPTERA	MAX #	INSECTIVORA		MAX #	LAGOMORPHA	MAX #
Bats		Mole			Hare	
DIDELPHIMORPHIA	MAX #	Shrew			Rabbit	
Opossum						



RODENTIA	MAX #	RODENTIA	MAX #	RODENTIA	MAX #
Chipmunk		Muskrat		North American Porcupine	
Ground Squirrel		Native Mouse, Rat, Vole		Pocket Gopher	
Flying Squirrel		North American Beaver		Tree Squirrel	
Marmot					
CARNIVORA	MAX #	CARNIVORA	MAX #	CARNIVORA	MAX #
Badger		Foxes		Skunk	
Bobcat		Ringtail		Weasel, Mink, Ermine	
Coyote		River Otter		Wolverine	
Fisher, Marten		Raccoon			

AVIFAUNA

U.S. Fish and Wildlife Service (USFWS) migratory bird rehabilitation permit is required *prior* to rehabilitating any wild bird.

No USFWS Permit USFWS Permit [In Progress] Application Date: _____ USFWS Permit #: _____

APODIFORMES	MAX #	ACCIPITRIFORMES	MAX #
Swifts		Turkey Vultures	
Hummingbirds		Northern Harrier	
CAPRIMULGIFORMES	MAX #	Swainson's Hawk, Ferruginous Hawk	
Nighthawk, Nightjar, Poorwill		Sharp-shinned Hawk	
CUCULIFORMES	MAX #	Red-shouldered Hawk, Cooper's Hawk	
Roadrunners		Harris' Hawk, Rough-legged Hawk, Red-tailed Hawk	
FALCONIFORMES	MAX #	Osprey	
American Kestrel		COLUMBIFORMES	MAX #
Kite		Doves, Pigeons	
Merlin		PASSERIFORMES	MAX #
PICIFORMES	MAX #	Species less than 6 inches (unless otherwise listed)	
Woodpecker (species less than 12 inches)		Species greater than 6 inches (unless otherwise listed)	
Woodpecker (species greater than 12 inches)		Swallows	
STRIGIFORMES	MAX #	Bushtits	
Burrowing owl		Quail	
Barn owl, Long-eared owl, Short eared owl		Sage Grouse	
Great horned, Spotted owl		Jays, Crackles, Magpies	
Flammulated owl, Northern pygmy owl, Northern saw-whet, Western screech owl		Crows, Ravens	
ANSERIFORMES	MAX #	CHARADRIIFORMES	MAX #
Dabbling Duck		Alcid	
Diving Duck, Merganser, Stiff-tailed Duck		Gull, Tern (species less than 14 inches)	
Native Geese		Gull (species greater than 14 inches), Jaeger, Skua	
Native Swan		Phalaropes	
CICONIIFORMES	MAX #	Shorebirds (species greater than 10 inches)	
Bittern, Heron, Egret, Stork, Ibis (species less than 20 inches)		Oystercatcher, Skimmer, Tern (species greater than 14 inches), Wilson's Phalarope	
Bittern, Heron, Egret, Stork, Ibis (species greater than 20 inches)		Plover, Sandpiper, Shorebirds (less than 10 inches) (unless otherwise listed)	
CORACIIFORMES	MAX #	GRUIFORMES	MAX #
Kingfishers		Cranes	
GAVIIFORMES	MAX #	Rail (species less than 10 inches)	
Loons		Rail (species greater than 10 inches)	
PELECANIFORMES	MAX #	Coots	
Brown Pelican		PROCELLARIIFORMES	MAX #
White Pelican		Albatross	
Frigatebird		Fulmars, Storm Petrels	
Other species		Shearwaters, Other Petrel species	



SULIFORMES	MAX #	PODCIOEDIFORMES	MAX #
Boobies, Cormorants		Grebes	

6. DECLARATION OF ENCLOSURES

Provide photographs, diagrams, or other plans, **for each type** of the following enclosures: neonate, pre-release conditioning. Attach documentation as needed.

Variance Request – New Permit Variance Request – Permit Renewal Existing Variance– 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					
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					



SUB-PERMIT APPLICATION

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)					
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)					
Quantity					
Material					
ANSERIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CHARADRIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CICONIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
CORACIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					
GAVIIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)					
Quantity					
Material					



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 PLAN

Briefly describe or attach the following standard procedures for the proposed facility pursuant to these regulations.

Data Storage Method:

Animal Intake and Triage Protocol:

Euthanasia Protocol:

Animal Care Protocol:

Animal Husbandry Protocol:

Biosafety Protocol:

Training Protocol:

Contingency Plan: List of person(s) requested by the applicant for Department approval to provide temporary possession and continuity of care for rehabilitation animals if the sub-permittee or their designee are unable to provide care for any reason.

Full Name (Last, First)1	Date of Birth	Email Address	Primary Telephone	
Mailing Address	City		State	Zip Code
Physical Address (if different from above)	City		State	Zip Code
Full Name (Last, First)2	Date of Birth	Email Address	Primary Telephone	
Mailing Address	City		State	Zip Code



SUB-PERMIT APPLICATION

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."

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

Sub-Permittee: _____
Signature Print Name Date

Permittee: _____
Signature Print Name Date

SECTION 3A. Designee (if applicable): _____
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 INFORMATION			
Name (Last, First)		Date of Birth	GO ID # (if applicable)
Mailing Address (if different from physical address)		City	State ZIP
Primary Telephone	Secondary Telephone	Email Address	
Facility Name			County
Facility Address (physical)		City	State ZIP
Facility Telephone	Facility Email	Facility Website	
2. REQUIRED EXPERIENCE			
Completion of the minimum hours of experience within a 5-year period from the date of the initial application request.			
EXPERIENCE			
(1) Employer Name		Employer Address	
Contact Name and Title	Telephone	Email Address	
Start Date	End Date	Time Base (F/T, P/T)	Total Hours
Specialty Rehabilitation Species Handled			
(2) Employer Name		Employer Address	
Contact Name and Title	Telephone	Email Address	
Start Date	End Date	Time Base (F/T, P/T)	Total Hours
Specialty Rehabilitation Species Handled			
(3) Employer Name		Employer Address	
Contact Name and Title	Telephone	Email Address	
Start Date	End Date	Time Base (F/T, P/T)	Total Hours
Specialty Rehabilitation Species Handled			
EDUCATION / TRAINING			
1 Degree:	Completion Date:	1 Certificate / License:	Completion Date:
Academic Institution:		Program / Course Name:	
2 Degree:	Completion Date:	2 Certificate / License:	Completion Date:
Academic Institution:		Program / Course Name:	
3 Degree:	Completion Date:	3 Certificate / License:	Completion Date:
Academic Institution:		Program / Course Name:	
3. SPECIALTY REHABILITATION ANIMALS			
Indicate the species of specialty authorization animals and proposed maximum number that may be temporarily possessed at any time.			
LARGE CARNIVORE	UNGULATE	EAGLE, FALCON	VENOMOUS SNAKE
American Black Bear	Deer	Bald Eagle	<i>Crotalus</i> species
Mountain Lion	Elk	Golden Eagle	
	Pronghorn	Peregrine Falcon	
	Bighorn	Prairie Falcon	



4. DECLARATION OF ENCLOSURES

Provide photographs, diagrams, or other plans, for each type of pre-release conditioning enclosure that meets all minimum requirements listed in Chapter 2 of the 679 Wildlife Rehabilitation Regulation Manual. Attach documentation as needed.

New Variance Request – New Permit New Variance Request – Renewal Existing Variance– Renewal

LARGE CARNIVORE	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Dimensions					
Quantity					
Material					
Substrate					
UNGULATE	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Dimensions					
Quantity					
Material					
Substrate					
VENOMOUS SNAKE	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Dimensions					
Quantity					
Material					
Substrate					
EAGLE, FALCON	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Dimensions					
Quantity					
Material					
Substrate					

5. Qualified Handlers

List of qualified handlers, one of which may be the applicant, for *each* type of specialty rehabilitation animal. Large carnivores and ungulates require 3 qualified handlers; eagles, falcons, venomous snakes require 2 qualified handlers.

1. Name (Last, First)		Date of Birth	Telephone Number	Email Address	
Mailing Address		City		State	ZIP
HOURS OF RELEVANT EXPERIENCE / TRAINING					
2. Name (Last, First)		Date of Birth	Telephone Number	Email Address	
Mailing Address		City		State	ZIP
HOURS OF RELEVANT EXPERIENCE / TRAINING					
3. Name (Last, First)		Date of Birth	Telephone Number	Email Address	
Mailing Address		City		State	ZIP
HOURS OF RELEVANT EXPERIENCE / TRAINING					
4. Name (Last, First)		Date of Birth	Telephone Number	Email Address	
Mailing Address		City		State	ZIP
HOURS OF RELEVANT EXPERIENCE / TRAINING					
5. Name (Last, First)		Date of Birth	Telephone Number	Email Address	
Mailing Address		City		State	ZIP
HOURS OF RELEVANT EXPERIENCE / TRAINING					



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.

1. PERMITTEE INFORMATION			
Permittee Name (Last, First)		GO ID # (if applicable)	
Mailing Address (if different from physical address)	City	State	ZIP
Preferred Telephone	Secondary Telephone	Email Address	
Facility Name			
Facility Address (physical)	City	State	ZIP
1A. SUB-PERMITTEE INFORMATION			
Name (Last, First)		GO ID # (if applicable)	
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 REVOCATION (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Person relocated. <input type="checkbox"/> Person retired. <input type="checkbox"/> Person no longer able to work/volunteer.			
<input type="checkbox"/> Person refused 3 or more inspections. (Provide dates and brief description of attempts to schedule inspection)			
<hr/> <hr/>			
<input type="checkbox"/> Person failed inspection. (Brief description of non-compliant items)			
<hr/> <hr/>			
<input type="checkbox"/> Person not in good standing under permit. (Brief description of why no longer in good standing)			
<hr/> <hr/>			

ACKNOWLEDGEMENT AND SIGNATURE

“I hereby request that the above listed sub-permittee or authorized person be removed from my wildlife rehabilitation permit. I request that the department update any required records, including the Automated License Database System, related to this individual. I have notified the sub-permittee or authorized person of this action.

I certify that all rehabilitation animals temporarily possessed by the sub-permittee or authorized person have been returned to the primary facility or another location, as designated by the Department, or returned to the wild in good condition. I understand that wildlife remains the property of the State of California and is subject to control by the State. I affirm and attest under penalty of perjury that the information provided herein and any additional information that may be provided to the Department is true and accurate to the best of my knowledge.”

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.

✍️ 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** – Complete Sections 1 and 3 **Licensed Veterinarian** – 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 physical address)		City	State	ZIP
Facility Physical Address		City	State	ZIP
2. VETERINARIAN INFORMATION				
Full Name (First)		(Last)	(M.I.)	Veterinary License Number (Expiration Date)
Name of Employer		Employer Address		
Primary Telephone		Email Address		
3. APPLICANT RESPONSIBILITIES				INITIAL
Maintain current schedule of availability for a licensed veterinarian to provide treatment of rehabilitation animals.				
Provide all required records if applicable for a rehabilitation animal so that a veterinarian can make an informed assessment of the condition of the animal to determine the treatment plan and outcome of the animal.				
Adhere to the standing orders of a licensed veterinarian for medication use and treatment prescribed for the rehabilitation animal.				
Rely on the licensed veterinarian to best address the administration of medication and veterinary treatment prescribed for the rehabilitation animal.				
Recognize that the purpose of providing care or treatment of a rehabilitation animal is to restore that animal to a condition of good health for its release to the wild.				
4. VETERINARIAN RESPONSIBILITIES				INITIAL
Provide veterinary consultation for a rehabilitation animal such as standing orders to perform routine procedures for animal care, treatment procedures, or similar protocol				
Provision, storage, and documentation of controlled and non-controlled substances pursuant to all federal and state laws.				
Ethical consideration of the welfare and natural history of a rehabilitation animal when providing any treatment.				
Rely on the permittee or their designee to best address the humane care and husbandry needs of a rehabilitation animal.				
Recognize that the purpose of providing care or treatment of a rehabilitation animal is to restore that animal to a condition of good health for its release to the wild.				
5. VETERINARIAN SERVICES THAT MAY BE PROVIDED (check all that apply):				
Physical examinations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnostic Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dispensing Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surgical Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Euthanasia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescribing Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Necropsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Screening / Preventative Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carcass Disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Species <u>not</u> able to handle or provide services for (if applicable):				
Special training or experience with the following species (if applicable):				



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 [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.

Licensed Veterinarian _____
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			
Applicant Name (Last, First)		Date of Birth	GO ID #
Primary Telephone	Secondary Telephone	Email Address	
Facility Name		Facility Website (if applicable)	
Physical Address	City	State	ZIP
Mailing Address (if different from physical address)	City	State	ZIP
2. AUTHORIZED PERSONS			
Full Name		Primary Telephone	Email Address
Mailing Address		Physical Address (if different)	
Relevant Experience – Minimum 40 hours (mark all that apply): <input type="checkbox"/> Education/Degree <input type="checkbox"/> License/Certification <input type="checkbox"/> Permittee Training <input type="checkbox"/> External Training <input type="checkbox"/> Other: _____			
Species or taxonomic group of rehabilitation animal(s) authorized to handle:			
Full Name		Primary Telephone	Email Address
Mailing Address		Physical Address (if different)	
Relevant Experience – Minimum 40 hours (mark all that apply): <input type="checkbox"/> Education/Degree <input type="checkbox"/> License/Certification <input type="checkbox"/> Permittee Training <input type="checkbox"/> External Training <input type="checkbox"/> Other: _____			
Species or taxonomic group of rehabilitation animal(s) authorized to handle:			
Full Name		Primary Telephone	Email Address
Mailing Address		Physical Address (if different)	
Relevant Experience – Minimum 40 hours (mark all that apply): <input type="checkbox"/> Education/Degree <input type="checkbox"/> License/Certification <input type="checkbox"/> Permittee Training <input type="checkbox"/> External Training <input type="checkbox"/> Other: _____			
Species or taxonomic group of rehabilitation animal(s) authorized to handle:			
Full Name		Primary Telephone	Email Address
Mailing Address		Physical Address (if different)	
Relevant Experience – Minimum 40 hours (mark all that apply): <input type="checkbox"/> Education/Degree <input type="checkbox"/> License/Certification <input type="checkbox"/> Permittee Training <input type="checkbox"/> External Training <input type="checkbox"/> Other: _____			
Species or taxonomic group of rehabilitation animal(s) authorized to handle:			
Full Name		Primary Telephone	Email Address
Mailing Address		Physical Address (if different)	
Relevant Experience – Minimum 40 hours (mark all that apply): <input type="checkbox"/> Education/Degree <input type="checkbox"/> License/Certification <input type="checkbox"/> Permittee Training <input type="checkbox"/> External Training <input type="checkbox"/> Other: _____			
Species or taxonomic group of rehabilitation animal(s) authorized to handle:			



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 Permittee Training External Training Other: _____

Species or taxonomic group of rehabilitation animal(s) authorized to handle:

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 Permittee Training External Training Other: _____

Species or taxonomic group of rehabilitation animal(s) authorized to handle:

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 Permittee Training External Training Other: _____

Species or taxonomic group of rehabilitation animal(s) authorized to handle:

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 Permittee Training External Training Other: _____

Species or taxonomic group of rehabilitation animal(s) authorized to handle:

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 may be provided to the Department related to this application is true and accurate to the best of my knowledge.

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 permission to enter the property.

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.

Applicant: _____
Signature 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				
Applicant Name (Last, First)	Date of Birth	GO ID # (if applicable)		
Mailing Address (if different from physical address)	City	State	ZIP	
Primary Telephone	Secondary Telephone	Email Address		
Facility Name (if applicable)		County		
Physical Address	City	State	ZIP	
2. ANIMAL CAPTURE EQUIPMENT (Check All That Apply)				
<input type="checkbox"/> Nets (Birds)	<input type="checkbox"/> Catch pole	<input type="checkbox"/> Dart gun		
<input type="checkbox"/> Nets (Bats)	<input type="checkbox"/> Leads / leashes	<input type="checkbox"/> Darts		
<input type="checkbox"/> Nets (Mammals)	<input type="checkbox"/> Bite sticks	<input type="checkbox"/> Pole syringe / Jab stick		
<input type="checkbox"/> Nets (Reptiles/Amphibians)	<input type="checkbox"/> Bite gloves	<input type="checkbox"/> Immobilization drugs (if applicable)		
<input type="checkbox"/> Net gun	<input type="checkbox"/> Animal control pole	<input type="checkbox"/> Snake tongs		
<input type="checkbox"/> Live trap	<input type="checkbox"/> Animal grasper / Y pole	<input type="checkbox"/> Animal shields		
<input type="checkbox"/> Protective gloves	<input type="checkbox"/> Protective eyewear	<input type="checkbox"/> Protective footwear		
3. ANIMAL TRANSPORT EQUIPMENT				
ITEM [AS APPLICABLE]	BRIEF DESCRIPTION		QUANTITY	
Large animal carrier, metal				
Large animal carrier, plastic				
Large animal carrier, soft sided				
Medium animal carrier, metal				
Medium animal carrier, plastic				
Medium animal carrier, soft sided				
Small animal carrier, metal				
Small animal carrier, plastic				
Small animal carrier, soft sided				
Small animal carrier, cardboard				
Terrarium, mesh				
Reptile / snake bucket				
Aquariums, glass				
Aquariums, plastic				
Transport Carrier "Tie Downs"				
Animal bags				
Trailers				
4. ANIMAL EMERGENCY SUPPLIES				
ITEM	QUANTITY	ITEM	QUANTITY	
Animal food supply (minimum 3-days)		Heating source (e.g., heating pad)		
Food receptacles		Cooling source (e.g., fan)		
Water receptacles		Bedding		
Portable water container(s)		Cleaning supplies		
Specialty feeding supplies		Basic veterinary medical supplies		
5. FACILITY SAFETY [Check all that apply]				
<input type="checkbox"/> First aid kits	<input type="checkbox"/> Utility shut off/Breaker	<input type="checkbox"/> 'Animals on	<input type="checkbox"/> Emergency Exit sign	
<input type="checkbox"/> Smoke/CO ₂ detectors	<input type="checkbox"/> Fire extinguishers	<input type="checkbox"/> Eye wash station(s)	<input type="checkbox"/> Landline telephone	
If item NOT checked, briefly describe why:				



5A. EMERGENCY ALERT SYSTEM [Check all that apply]		
<input type="checkbox"/> Fire alarm system	<input type="checkbox"/> Telephone tree	
<input type="checkbox"/> Visual alarm (e.g., flashing lights)	<input type="checkbox"/> Audible alarm (e.g., airhorn)	
<input type="checkbox"/> Radio communication (e.g., intercom, walkie-talkie)	<input type="checkbox"/> Mobile alert app (e.g., CodeRed)	
6. EMERGENCY CONTACTS [Call 9-1-1 in the event of an emergency]		
IMPORTANT CONTACTS	TELEPHONE	ADDRESS
Local Law Enforcement		
Local Fire Department		
Local Ambulance / Paramedics		
Nearest Hospital		
Local Animal Control		
Local Health Department		
Poison Control Center		
Facility / Property Maintenance		
Utility Company (Electric)		
Utility Company (Water)		
Utility Company (Gas)		
Utility Company (Telephone/Internet)		
CDFW Regional Office		
7. PERSONNEL EVACUATION LEADS		
<input type="checkbox"/> ASSEMBLY AREA LEAD(S) -- Roll call at designated assembly area and report to Responder Liaison(s) <input type="checkbox"/> FIRST AID LEAD(S) -- CPR/AED/First Aid certified <input type="checkbox"/> RESPONDER LIAISON -- Primary point of contact for First Responders. <input type="checkbox"/> ANIMAL EVACUATION LEAD(S) -- Assigned to evacuate rehabilitation animal by type and/or condition (e.g., bird nursery).		
8. EVACUATION PROTOCOL		
ANIMAL RELEASE CRITERIA - Type of animal to immediately released onsite.		
ANIMAL TRANSPORT CRITERIA - Type of animal to evacuate offsite.		
ASSEMBLY AREA -- Designated location(s) onsite to assemble personnel prior to evacuation.	Location 1: Location 2:	
STAGING AREA -- Designated location(s) offsite to stage personnel and animals after an evacuation.	Location 1: Location 2:	
EVACUATION ROUTE -- Briefly describe route(s) to reach staging area(s) offsite after an evacuation.	Primary route: Secondary route:	

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."

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.

Applicant: _____
Signature
Print Name
Date



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.

1. APPLICANT INFORMATION			
Applicant Name (Last, First)	Date of Birth	GO ID # (if applicable)	
Mailing Address (if different from physical)	City	State	ZIP
Preferred Telephone	Secondary Telephone	Email Address	
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 ACKNOWLEDGEMENT AND SIGNATURE			
<p>I understand that the Department requires the signature of the property owner and shall not accept any form signed by a designee or third party for permission to enter the property. I understand that wildlife remains the property of the State and is subject to control by the State. I understand that the permit is a privilege, and that a permit holder may be subject to inspection at any reasonable time or day.</p> <p>I hereby give permission for the Department, or its designee, to enter my property to conduct visits during a reasonable time of the day, on any day of the week, to inspect any facility, enclosures, equipment, written records, and rehabilitation animals.</p> <p>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.</p>			
<p> Property Owner: _____</p> <p style="text-align: center; margin-top: 10px;"> Signature Print Name Date </p>			
4. APPLICANT ACKNOWLEDGEMENT AND SIGNATURE			
<p>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.</p> <p>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. 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.</p> <p>I understand that wildlife remains the property of the State and is subject to control by the State. I understand that the permit is a privilege, and that I may be subject to inspection at any reasonable time or day. I acknowledge that any violation of these requirements can result in revocation of a permit.</p> <p>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.</p>			
<p> Applicant: _____</p> <p style="text-align: center; margin-top: 10px;"> Signature Print Name Date </p>			



DATE OF INSPECTION:			INSPECTED BY:				
1. REASON FOR INSPECTION [check all that apply]							
<input type="checkbox"/> Facility (New) <input type="checkbox"/> Facility (Renewal) <input type="checkbox"/> Facility (Satellite) <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Variance <input type="checkbox"/> Speciality Rehabilitation Authorization <input type="checkbox"/> Other - Authorized Person <input type="checkbox"/> Other-Qualified Handler							
2. PERSONAL INFORMATION							
Full Name (Last, First)		Permittee Name (if different)		GO ID # (if applicable)	Federal Permit # (if applicable)		
Mailing Address		City	State	ZIP			
Physical Address (if different)			City		State	ZIP	
Primary Telephone		Secondary Telephone		Email Address			
3. FACILITY INFORMATION							
Facility Name		Facility Physical Address		<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other			
Number of Staff		Number of Volunteers	Number of Sub-Permittees	Number of Authorized Persons	Number of Qualified Handlers		
TAXONOMIC GROUP [select all that apply] <input type="checkbox"/> Herptile <input type="checkbox"/> Mammal <input type="checkbox"/> Waterbird <input type="checkbox"/> Raptor <input type="checkbox"/> Passerine/Other Avifauna				SPECIALTY REHABILITATION [select all that apply] <input type="checkbox"/> Large Carnivore <input type="checkbox"/> Ungulate <input type="checkbox"/> Venomous Snake <input type="checkbox"/> Eagle, Osprey, Falcon			
4. INSPECTION REQUIREMENTS (E = Exceed Requirements, M = Meets Requirements, F = Fails to meet Requirements, N/A = Not Applicable)							
FACILITY REQUIREMENTS (TITLE 14 CCR § 679.3 AND 679.4)				E	M	F	N/A
Permit(s) clearly visible and on display at the facility							
Veterinarian of Record Agreement							
Facility Operation Plan							
Facility Emergency Action Plan - current and readily accessible							
Fire alarms, fire extinguishers, emergency exits (if applicable)							
Emergency evacuation procedures - clearly visible and on display							
Current List of Sub-Permittees							
Current List of Authorized Persons							
Current List of Qualified Handlers							
Personnel training protocol (if applicable)							
Public Reporting protocol							
Satellite facility inspection records							
Authorized persons inspection records							
Succession Plan for continued care of rehabilitation animals if no longer able to provide care							
ENCLOSURE REQUIREMENTS (TITLE 14 CCR § 679.4 (b))				E	M	F	N/A
Enclosures constructed and secured at all times to prevent ingress or egress by any animal.							
Enrichment suitable for the development stage and condition of each rehabilitation animal.							
Enclosures have sufficient drainage to prevent standing water from accumulating.							
Enclosure Labels: Common species name(s), number of animals, identification of each animal.							
Visual and physical separation between rehabilitation animals and non-conspecific rehabilitation animals.							
Visual/physical separation between rehabilitation animals and domestic animals and restricted species.							
Rehabilitation animals have minimal direct human contact and not displayed to the public.							
Pre-Release Enclosures Minimum Size - Waterbirds							
Pre-Release Enclosures Minimum Size - Raptors							
Pre-Release Enclosures Minimum Size – Passerines/Other Avifauna							
Pre-Release Enclosures Minimum Size - Mammals							
Pre-Release Enclosures Minimum Size - Herptiles							
Pre-Release Enclosures Minimum Size - Venomous 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)	E	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 rehabilitation 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 upon intake.				
Required Records – Availability (Intake history, patient record, annual 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-inspection)
- FAIL - Does not meet all requirements (recommend denial)
- FAIL - Does not meet all requirements (recommend revocation)

CERTIFICATION OF INSPECTION

“I have inspected this facility and affirm that the information provided in this inspection report and any additional information that may be provided to the Department related to this inspection is true and accurate to the best of my knowledge. I hereby certify the results of the inspection pursuant to the requirements listed in Title 14 CCR 679.”

Authorized Inspector: _____
 Signature Print Name Title Date

Permit Holder/Designee: _____
 Signature Print Name Title 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:				

*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 apply)							
<input type="checkbox"/> Inspection (New) <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Speciality Rehabilitation (no large carnivores) <input type="checkbox"/> Authorized Person <input type="checkbox"/> Variance							
2. PERMITTEE INFORMATION							
Permittee Name (Last, First)		GO ID # (if applicable)		Federal Permit # (if applicable)			
3. SUB-PERMITTEE INFORMATION							
Sub-Permittee Name (Last, First)		Telephone Number		Federal Permit # (if applicable)			
Mailing Address (if different from physical address)		City		State	Zip Code		
Physical Address		City		State	Zip Code		
Email Address:		Facility Name (if applicable)					
4. FACILITY INFORMATION							
Facility Name		Facility Physical Address		<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other			
Number of Staff		Number of Volunteers	Number of Sub-Permittees	Number of Authorized Persons	Number of Qualified Handlers		
TAXONOMIC GROUP [select all that apply] <input type="checkbox"/> Herptile <input type="checkbox"/> Mammal <input type="checkbox"/> Waterbird <input type="checkbox"/> Raptor <input type="checkbox"/> Passerine/Other Avifauna			SPECIALTY REHABILITATION [select all that apply] <input type="checkbox"/> Large Carnivore <input type="checkbox"/> Ungulate <input type="checkbox"/> Venomous Snake <input type="checkbox"/> Eagle, Osprey, Falcon				
5. INSPECTION REQUIREMENTS (E = Exceed Requirements, M = Meets Requirements, F = Fails to Meet Requirements, N/A = Not Applicable).							
REQUIREMENT (FACILITY OPERATIONS)				E	M	F	N/A
Permit is at the facility and easily accessible							
Proof of other valid permit(s), if applicable							
Required records (Section 679.5(c))							
Procedure for accepting calls from the public							
Procedure for accepting injured, sick, or orphaned wild animals from the public							
Procedure for keeping domestic animals on property separate from rehabilitation animals							
Training Protocols for staff/volunteers, including training records (i.e., dates, description of training)							
REQUIREMENT (HEALTH AND SAFETY)				E	M	F	N/A
Protocol for handling rabies vector species							
Protocol for communicable disease transmission, prevention, and control							
Protocol for Personal Protection Equipment (PPE) use							
Location of fire alarms, fire extinguishers, emergency exits (if applicable)							
Emergency evacuation procedures clearly visible and on display							
Food safety protocols to safely handle, prepare, and store animal food and human food							
Carcass storage and disposal protocols							
Facility and enclosure cleaning schedule protocol							
REQUIREMENT (ANIMAL WELFARE)				E	M	F	N/A
Procedures for the use & storage of controlled substances							
Euthanasia protocols including list of euthanasia certified staff							
Indoor and outdoor enclosure requirements (Section 679.4(b))*							



6. ENCLOSURES INSPECTION
Use Tables 1-3. Add additional documentation as needed.
7. INSPECTION NOTES
ITEMS THAT FAIL TO MEET REQUIREMENTS (OBSERVED DEFICIENCIES):
ITEMS THAT EXCEED REQUIREMENTS:
OTHER ITEMS OBSERVED DURING THE INSPECTION:
8. INSPECTION DETERMINATION
<input type="checkbox"/> PASS - Meets all requirements <input type="checkbox"/> FAIL - Does not meet all requirements (recommend re-inspection) <input type="checkbox"/> FAIL - Does not meet all requirements (recommend denial) <input type="checkbox"/> FAIL - Does not meet all requirements (recommend revocation)

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 may be provided to the Department related to this application is true and accurate to the best of my knowledge.

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 permission to enter the property.

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.

✍ Permittee: _____

Signature
Print Name
Date

“I have inspected these facilities and affirm that the information provided herein is accurate regarding the requirements listed in Title 14 CCR 679. I hereby certify the following results of the inspection.

✍ 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:				

*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 address)		City		State	ZIP
Physical Address		City		State	ZIP
2. LOCATION OF REQUESTED VARIANCE					
<input type="checkbox"/> Wildlife Rehabilitation Facility (Permittee)			<input type="checkbox"/> Other Location (Authorized Person): _____		
<input type="checkbox"/> Satellite Facility (Sub-Permittee)					
3. CATEGORY OF VARIANCE					
<input type="checkbox"/> Minimum Size <input type="checkbox"/> Max # Animals <input type="checkbox"/> Construction Design/Materials <input type="checkbox"/> Location Change (alternate site on/off property)					
4. TYPE OF VARIANCE					
<input type="checkbox"/> New Construction		Describe change or difference from the requirement(s) (attach additional documentation as needed):			
<input type="checkbox"/> Existing Construction					
<input type="checkbox"/> Modification of Existing Construction					
5. REASON(S) FOR REQUEST [MARK ALL THAT APPLY]					
<input type="checkbox"/> Requirement will result in an undue hardship because of physical limitations of the facility, site, or its utility services.					
<input type="checkbox"/> Requirement will result in an undue hardship because of excessive costs of additional or altered construction elements.					
<input type="checkbox"/> Requirement will result in an undue hardship because of other restrictions (e.g., HOA, ordinance, zoning, historically or culturally significant site): _____					

ACKNOWLEDGEMENT AND SIGNATURE

"I declare under penalty of perjury that the information contained in this request for variance and any additional information that may be provided to the Department related to this request is true and accurate. I understand that any information provided to the Department herein will be subject to the Public Records Act and may be publicly available.

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 [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.

✍ Applicant: _____
Signature Print Name Date

VARIANCE DETERMINATION [***Official Use Only***]			
<input type="checkbox"/> Approve [No Inspection Required]		Required Conditions (attach supplemental documentation as needed):	
<input type="checkbox"/> Approve [Inspection Required]			
<input type="checkbox"/> Deny – Fails to meet requirements to protect native wildlife, animal welfare, human health and safety, or agricultural interests			
✍ Authorized Staff: _____			
Signature		Print Name	
		Title	
		Date	



CALENDAR YEAR: _____ (DUE BY JANUARY 31)

A permittee, their sub-permittee, or designee shall submit an annual report *even if no wildlife rehabilitation activity* occurred the prior calendar year. Another form may be used, such as the Wildlife Rehabilitation Medical Database (WRMD) annual form.

- CDFW Annual Report - Complete All Sections WRMD or Other Annual Report - Complete Sections 1-2, 7

Submit by email at RehabWildlife@wildlife.ca.gov; or mail to: CDFW Wildlife Health Laboratory,
 ATTN: Native Wildlife Rehabilitation Program, 1701 Nimbus Road, Suite D, Rancho Cordova, CA 95670

1. PERMITTEE INFORMATION

Permittee Name (Last, First)			GO ID #		Other Permits	
Primary Telephone		Secondary Telephone		Email Address		
Mailing Address			City		State	ZIP
Facility Name (if applicable)				County		
Facility Address (physical)			City		State	ZIP
Facility Email				Facility Website		

2. SUMMARY OF PATIENT OUTCOME

Total intake taxa sum should equal to the total patient outcomes - R: Released, T: Transferred to other facility, E: Euthanized, D: Died in Care, DOA: Dead on Arrival; RU: Reunited with Parent; RIC: Remains in care.

	Total	R	T	E	D	DOA	RU	RIC
Amphibians								
Reptiles								
Birds								
Mammals								
Total								

3. WILD ANIMAL INTAKES [ADD ADDITIONAL PAGES AS NEEDED]

Species or Common Name	Total Received	R	T	P	E	D	DOA	RU	RIC

