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

 \square New Permit – Complete Sections 1-7 \square Permit Renewal – Complete Sections 1, 3-7

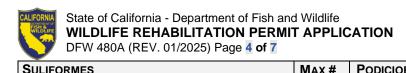
1. APPLICANT IN	FORMATION					
Applicant Name (Last, Fir	st)			Date of Birth	GO ID # (if app	plicable)
Mailing Address (if different	nt from physical address)	City			State	ZIP
Preferred Telephone		Secondary Telepho	one	Email Address		I.
Facility Name		<u> </u>			County	
Facility Address (physical)	City			State	ZIP
Facility Telephone		Facility Email Addre	ess Fa	acility Website		1
2. APPLICANT RE	EQUIRED EXPERIENCE					
Demonstrate cor	mpletion of at least 1,000 how want education may be acce					
Volunter/Wor		epieu as a sub	situte for up to 300 fit	ours or the rec	quired expe	erierice.
(1) Facility Name	AR LAPERIENCE	Facility Address				
Contact Name and Title		Telephone		Email		
				Email		
Start Date	End Date	Time Base (F/T, P/	Τ)	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 / TRA			_			
1 Degree:	Comp	letion Date:	1 Certificate/License:			Completion Date:
Accredited Institution:			Program / Course Name:			
2 Degree:	Comp	letion Date:	2 Certificate/License:			Completion Date:
Accredited Institution:			Program / Course Name:			
3 Degree:	Comp	letion Date:	3 Certificate/License:			Completion Date:
Accredited Institution:			Program / Course Name:			
				-		



3A. DESIGNEE INFORMAT	TON (if applicable)								
Designee Name (Last, First)		Date of Bir	th		Email Addres	s	rimary Telep	hone	
Mailing Address		City					State	Zip Code	
Physical Address (if different from about	ove)	City					State	Zip Code	
3B. DESIGNEE REQUIRE	D EXPERIENC	 					<u> </u>	<u> </u>	
Demonstrate completion			s of relevant e	experience con	npleted n	o more than t	5 years f	rom the da	ate of the
application. Relevant ed									
VOLUNTEER/WORK EXPE	RIENCE								
(1) Facility Name			Facility Address						
Contact Name and Title			Telephone			Email			
Start Date End Date	•		Time Base (F/T, P/T	Γ)		Total Hours			
Describe Experience			I			l			
(2) Facility Name			Facility Address						
Contact Name and Title			Telephone			Email			
Start Date End Date	3		Time Base (F/T, P/T	Γ)		Total Hours			
Describe Experience			I			I			
(0) 5 111 11			L = 1111 A L L						
(3) Facility Name			Facility Address						
Contact Name and Title			Telephone			Email			
Start Date End Da	ate		Time Base (F/T, P/T	Γ)		Total Hours			
Describe Experience			L			l			
EDUCATION / TRAINING									
1 Degree:		Compl	letion Date:	1 Certificate/License:				Completion	Date:
A constitution of the constitution				D.,					
Accredited Institution: 2 Degree:		Compl	letion Date:	Program / Course N 2 Certificate/License:				Completion	Date:
Accredited Institution:				Program / Course N	Nama:				
4. Public Contact Info	DMATION			Flogram/ Course is	varrie.				
Desired public contact in		ho posto	od on the CDEV	M Mildlifa Dah	abilitation	Drogram wol	hnago (o	hock all the	ot apply):
□Facility Name [-				-			
5. PROPOSED REHABILITA			elephone \Box	vvebsite 🗆 i	ype or w	ilulile Accepte	eu ⊔ L	O NOL SHA	ii e
Indicate the proposed s			and the maxim	num number th	at may b	o tomporarily	222222	od at any	one time
AMPHIBIANS	pecies to ren	MAX #	and the maxin	idili ildiliber ti	REPTILES		possess	MAX#	one unie.
Frogs, Treefrogs		III/A/C/II			Lizards			IIIIAX II	
Newts, Salamanders						nomous Snak	e		
Toads					Tortoise				
		1			Turtles	-			
CHIROPTERA	Max#	INSECT	VORA		Max#	LAGOMORPHA	4		Max#
Bats	1111 (1111	Mole				Hare			
DIDELPHIMORPHIA	Max#	Shrew				Rabbit			
Opossum									



RODENTIA	Max#	RODENT	ΊΑ		RODENTIA	Max#	
Chipmunk		Muskra	t			North American Porcupine	
Ground Squirrel		Native I	Mouse, R	at, Vole		Pocket Gopher	
Flying Squirrel		_	merican I	·		Tree Squirrel	
Marmot						•	
CARNIVORA	Max#	CARNIV	ORA		Max#	CARNIVORA	Max#
Badger		Foxes				Skunk	
Bobcat		Ringtail				Weasel, Mink, Ermine	
Coyote		River O				Wolverine	
Fisher, Marten		Raccoo					
AVIFAUNA					L		
	ice (USFV	VS) miai	atory bird	d rehabilitation per	rmit is re	quired <i>prior</i> to rehabilitating an	wild bird.
	•		-	•		USFWS Permit #:	
APODIFORMES	001 1101 1	Jiiiie [iii	Max #	ACCIPITRIFORMES			Max #
Swifts			IVIAA#	Turkey Vultures			IVIAA #
				Northern Harrier			
Hummingbirds CARRIMULGIEORMES	CAPRIMULGIFORMES			Swainson's Haw		rinous Hawk	+
Nighthawk, Nightjar, Poorwi	II		MAX#	Sharp-shinned F		girious i iawk	+
	11		May #	Red-shouldered		ooner's Hawk	
CUCULIFORMES Poodruppors			Max#			ged Hawk, Red-tailed Hawk	
Roadrunners			May 4	Osprey	Jugii-leg(ged Hawk, Neu-lalled Hawk	-
FALCONIFORMES			Max#				May 4
American Kestrel				COLUMBIFORMES	Max #		
Kite				Doves, Pigeons			BA A V 4
Merlin			B	PASSERIFORMES	C :	(Max#
PICIFORMES	l 40 !	L \	MAX#			es (unless otherwise listed)	
Woodpecker (species less t					than 6 in	ches (unless otherwise listed)	
Woodpecker (species great	er than 12	inches)		Swallows			
STRIGIFORMES			Max#	Bushtits			
Burrowing owl	<u> </u>			Quail			
Barn owl, Long-eared owl, S	Short eared	d owl		Sage Grouse			
Great horned, Spotted owl				Jays, Crackles, I	Magpies		
Flammulated owl, Northe				Crows, Ravens			
Northern saw-whet, Western	n screecn	OWI	May#				May #
Anseriformes Dabbling Duck			Max#	CHARADRIIFORME Alcid	5		Max #
	iff tailed D	uck	-		00 1000 4	nan 14 inchas)	
Diving Duck, Merganser, St Native Geese	iii-talieu D	uUN	-	Gull (species gre		nan 14 inches) n 14 inches), Jaeger, Skua	
Native Geese Native Swan			-	<u> </u>	aiei ilidi	i 14 iliolies), Jaeyer, Skua	
			May	Phalaropes	nine area	tor than 10 inches	
CICONIIFORMES Pittorn Horon Egrat Stark	Ibic		Max#			ter than 10 inches) Tern (species greater than 14	
Bittern, Heron, Egret, Stork, (species less than 20 inches				inches), Wilson'			
Bittern, Heron, Egret, Stork,						birds (less than 10 inches)	
(species greater than 20 inc				(unless otherwis		biidə (1633 tilali 10 lilolles)	
CORACIIFORMES			Max#	GRUIFORMES	o notou)		Max#
Kingfishers				Cranes			
GAVIIFORMES			Max#	Rail (species les	ss than 1	0 inches)	
Loons			,	Rail (species gre		•	
PELECANIFORMES			Max#	Coots		,	
Brown Pelican			III.FUX II	PROCELLARIIFOR	RMES		Max#
White Pelican			<u> </u>	Albatross			
Frigatebird			<u> </u>	Fulmars, Storm	Petrels		
Other species			Į	Shearwaters, O			



SULIFORMES			Max#	Podic	CIOEDIFORMES			Max#
Boobies, Cormoran	ts			Greb	es			
6. DECLARATION OF	ENCLOSURES							
Provide photograph	s, diagrams, or other	er plans	, for each	type	of the following enclo	sures: neonate, pre-r	elease cond	litioning.
Attach documentati		•	•	,,	J	, 1		J
□ Variance Re	quest – New Permi	t □ Va	riance Re	quest	– Permit Renewal □	Existing Variance- F	Permit Rene	wal
AMPHIBIANS	ENCLOSURE 1	Е	NCLOSURE	2	Enclosure 3	Enclosure 4	Enclos	URE 5
Size (L x W x H)								
Quantity								
Material								
REPTILES	ENCLOSURE 1	E	NCLOSURE	2	ENCLOSURE 3	ENCLOSURE 4	Enclos	URE 5
Size (L x W x H)								
Quantity								
Material								
CARNIVORA	ENCLOSURE 1	E١	ICLOSURE	2	ENCLOSURE 3	ENCLOSURE 4	Enclos	SURE 5
Size (L x W x H)								
Quantity								
Material								
CHIROPTERA	ENCLOSURE 1	Enc	LOSURE 2		ENCLOSURE 3	ENCLOSURE 4	Enclosu	JRE 5
Size (L x W x H)								
Quantity								
Material								
DIDELPHIMORPHIA	Enclosure 1	Enc	LOSURE 2		Enclosure 3	ENCLOSURE 4	Enclosur	RE 5
Size (L x W x H)								
Quantity								
Material								
EULIPOTYPHIA	ENCLOSURE 1	ΕN	ICLOSURE	2	Enclosure 3	ENCLOSURE 4	Enclos	SURE 5
Size (L x W x H)								
Quantity								
Material								
LAGOMORPHA	ENCLOSURE 1	EN	CLOSURE	2	ENCLOSURE 3	ENCLOSURE 4	Enclos	SURE 5
Size (L x W x H)								
Quantity								
Material								
RODENTIA	ENCLOSURE 1	EN	CLOSURE 2	2	ENCLOSURE 3	ENCLOSURE 4	Enclos	URE 5
Size (L x W x H)								
Quantity								
Material								
RACCOONS	ENCLOSURE 1	EN	ICLOSURE	2	ENCLOSURE 3	ENCLOSURE 4	ENCLOS	SURE 5
Size (L x W x H)								
Quantity								
Material								
SKUNKS	ENCLOSURE 1	ENG	CLOSURE 2		ENCLOSURE 3	ENCLOSURE 4	ENCLOS	SURE 5
Size (L x W x H)								
Quantity								
Material	ENGLOS::DE 4		20115= 2		ENOUGO: 125.0		Fuer carre	- <i>-</i>
	ENCLOSURE 1	ENCLO	SURE 2		ENCLOSURE 3	ENCLOSURE 4	ENCLOSUR	t 5
Size (L x W x H)								
Quantity								

Accipting Name Enclosure 1 Enclosure 2 Enclosure 3 Enclosure 4 Enclosure 5						
Quantity	ACCIPITRIFORMES	Enclosure 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Material	Size (L x W x H)					
CAPPIRMULGIFORMES ENCLOSURE 1 ENCLOSURE 2 ENCLOSURE 3 ENCLOSURE 4 ENCLOSURE 5	Quantity					
Size (L x x x H)						
Quantity		ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	Enclosure 4	ENCLOSURE 5
Material	` '					
CUCULIFORMES						
Size (L x W x H)	Material					
Quantity	CUCULIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Material						
COLUMBIFORMES	Quantity					
Size (L x W x H)	Material					
Quantity	COLUMBIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Material	Size (L x W x H)					
FALCONIFORMES	Quantity					
Size (L x W x H)	Material					
Size (L x W x H)	FALCONIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Quantity	Size (L x W x H)					
Material						
Size (L x W x H) Quantity						
Size (L x W x H) Quantity	PASSERIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Quantity Material						
Material						
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Size (L x W x H) Quantity	Material					
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Materiai	-					
	iviaterial					

GRUIFORM	IES	Enclosure 1	ENCLOSURE 2	ENCLOSURE 3	Enclosure 4	ENCLOSURE 5							
Size (L x \	W x H)												
Quantity													
Material													
PELECANIF	FORMES	Enclosure 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5							
Size (L x \	W x H)												
Quantity													
Material													
	RIFORMES	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5							
Size (L x \	W x H)												
Quantity													
Material		F				F 5							
PODICIOED		ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5							
Size (L x \	vv x H)												
Quantity													
Material		ENOLOGUES 4	ENOLOGUES 2	ENGLOSUES 2	ENGLOSUES 4	ENOLOGUES F							
SULIFORM		ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5							
<u>Size (L x \</u> Quantity	vv x H)												
Material													
	V ODEDATI	ON DI AN											
	7. FACILITY OPERATION PLAN Briefly describe or attach the following standard procedures for the proposed facility pursuant to these regulations.												
	a Storage I		anuaru procedures 10	i the proposed facility p	oursuarit to triese reg	uialiUi i5.							
	a Olorage I	victiou.											
☐ Anin	nal Intake	and Triage Protocol:											
☐ Euth	nanasia Pr	otocol:											
	nal Cara D	rotocoli											
☐ Anin	nal Care P	TOLOCOL											
☐ Anin	nal Husbai	ndry Protocol:											
Bios	afety Prote	ocol:											
	.' D	1											
□ Traiı	ning Proto	COI:											
☐ Con	tingency F	Plan: List of persor	n(s) requested by th	e applicant for Depar	tment approval to r	provide temporary							
				als if the applicant or th									
	ny reason	•		• •	9	•							
ull Name (Last	t, First)1		Date of Birth	Email Address	Primary Te	lephone							
/ailing Address	,		City		State Z	Zip Code							
•			City		State 12	ip code							
Physical Addres	ss (if different fro	om above)	City		State 2	Zip Code							
ull Name (Last	, First)2		Date of Birth	Email Address	Primary Te	lephone							
Mailing Address	3		City		State	Zip Code							
Physical Addres	ss (if different fro	om above)	City		State Z	Zip Code							
			ĺ		1								

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.

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With accordance to California Civil Code §1633.5(b), I linitials possession or rehabilitation of wildlife.

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.
	I hereby certify that I have not violated any federal statute, regulation, or rule, related to the temporary

&Applicant: ַ				
	Signature	Print Name		Date
SECTION 3A	ռ. ՝ՖDesignee (if applicab	ole):		
		Signature	Print Name	Date
SECTION 7.		(required):		
		Signature	Print Name	Date
SECTION 7.	Contingency Person² (optional):		
		Cianoturo	Print Namo	Data



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 IN	FORMATION	,									
Applicant Name (Last, Fi							Date	e of Birth	GO I	ID # (if app	olicable)
Mailing Address (if differe			I 0:4.						Ctat		T ZID
Mailing Address (if different	ent from physical addres	is)	City						State	9	ZIP
Preferred Telephone			Secondary Telep	hone			Ema	ail Address			
Facility Name							l		Cou	nty	
Facility Address (physica	l)		City						State	е	ZIP
1A. SUB-PERMIT	TEE INFORMATIO	N									
Sub-Permittee Name (L	₋ast, First)					Date of I	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										
Sub-permittee mexperience under date of the application EXPERIENCE	r the supervision	n of a wildlife	rehabilitation	perm	ittee in C	aliforni	a cc	mpleted no	mor	e than	ork or volunteer 5 years from the lired experience.
(1) Facility Name			Facility Address								
Contact Name and Title	Contact Name and Title						Ema	ail			
Start Date	End Date		Time Base (F/T, I	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, I	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, I	P/T)			Tota	al Hours			
Describe Experience							<u> </u>				
EDUCATION / TRAIN 1 Degree:	NING	Comple	tion Date:	1 Cert	ificate/License	e.					Completion Date:
· ·		Comple									completion bate.
Accredited Institution: 2 Degree:		Complet	tion Date:		gram / Course ificate/License				Completion Date:		
-		23									
Accredited Institution:				Prog	gram / Course	Name:					

3A. Designee Infor	RMATION (if a	ppiicable)								
Designee Name (Last, First)			Date of Bir	th		Email Addres	s Pi	rimary Teleph	none	
Mailing Address			City				L	State	Zip Code	
Physical Address (if different f	from above)		City					State	Zip Code	
3B. DESIGNEE REC	QUIRED EXP	ERIENCE						•	_	
Demonstrate comp	-		00 hour	s of relevant e	experience con	npleted n	o more than 5	5 years fi	rom the da	ate of the
application. Releva			oe acce	pted as a sub	stitute for up to	300 hou	irs of the requ	ired exp	erience.	
VOLUNTEER/WORK	EXPERIENC	E		T =						
(1) Facility Name				Facility Address			T "			
Contact Name and Title				Telephone			Email			
Start Date E	nd Date			Time Base (F/T, P/T	Γ)		Total Hours			
Describe Experience										
(2) Facility Name				Facility Address						
Contact Name and Title				Telephone			Email			
	nd Date			Time Base (F/T, P/T	Γ\		Total Hours			
	nu Dale			Time Dase (F/T, P/T	'1		TOTAL FIDUIS			
Describe Experience										
(3) Facility Name				Facility Address						
Contact Name and Title				Telephone			Email			
Charle Date	Fred Date				r\		Tatalilla			
Start Date	End Date			Time Base (F/T, P/T	1)		Total Hours			
Describe Experience										
EDUCATION / TRAINII	NG									
1 Degree:			Comple	etion Date:	1 Certificate/License:				Completion Date:	
Accredited Institution:					Program / Course N	Name:				
2 Degree:			Comple	etion Date:	2 Certificate/License:				Completion	Date:
Accredited Institution:					Program / Course N	Name:				
4. PUBLIC CONTACT	INFORMATI	ON								
Desired public con	tact informa	ation to b	e poste	ed on the CDF\	W Wildlife Reh	abilitation	Program web	opage (c	heck all th	at apply):
□Satellite Facility N		County	•	☐ Telephone			e of Wildlife A			,
5. PROPOSED REHA	BILITATION	ANIMALS								
Indicate the propos	sed species	to reha		and the maxim	num number th			possess	ed at any	one time.
AMPHIBIANS			Max#			REPTILES	3		Max#	
Frogs, Treefrogs						Lizards				
Newts, Salamanders						nomous Snake	е			
Toads					Tortoise	S				
CHIROPTERA		Max#	INSECTI	VORA		Turtles Max #	LAGOMORPHA			Max#
Bats			Mole	VORA		IVIAA #	Hare			WIMA #
DIDELPHIMORPHIA			Shrew				Rabbit			
Opossum										



RODENTIA	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 I	Beaver		Tree Squirrel	
Marmot							
CARNIVORA	Max#	CARNIVO	ARNIVORA			CARNIVORA	Max#
Badger		Foxes				Skunk	
Bobcat		Ringtail				Weasel, Mink, Ermine	
Coyote		River O	ter			Wolverine	
Fisher, Marten		Raccoo	า				
AVIFAUNA							
	e (USFV	VS) miar	atory bird	d rehabilitation per	mit is red	quired <i>prior</i> to rehabilitating any	wild bird.
□No USFWS Permit □US			-	-			,
APODIFORMES		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Max#	ACCIPITRIFORMES			Max#
Swifts			IIII OC II	Turkey Vultures			10000
Hummingbirds				Northern Harrier			
CAPRIMULGIFORMES			Max#	Swainson's Haw	k. Ferruc	inous Hawk	
Nighthawk, Nightjar, Poorwill			200 00 11	Sharp-shinned H		,	
CUCULIFORMES			Max#	Red-shouldered		ooner's Hawk	
Roadrunners			111AA #			ged Hawk, Red-tailed Hawk	
FALCONIFORMES			Max#	Osprey	ugii-iege	ged Hawk, INed-tailed Hawk	
American Kestrel			IVIAA#	COLUMBIFORMES			Max#
Kite				Doves, Pigeons			IVIAA #
Merlin				-			Max#
PICIFORMES			Max#	PASSERIFORMES Species loss that	n 6 inchc	es (unless otherwise listed)	IVIAA #
Woodpecker (species less that	n 12 inc	hos)	IVIAX #	<u> </u>		ches (unless otherwise listed)	
Woodpecker (species greater				Swallows	lilali 0 ili	ciles (uilless otherwise listed)	
STRIGIFORMES	man 12	inches)	Max#	Bushtits			
Burrowing owl			IVIAX #	Quail			
Barn owl, Long-eared owl, Sh	ort coro	d oud		Sage Grouse			
Great horned, Spotted owl	on eared	JOWI		Jays, Crackles, N	Angning		
Flammulated owl, Northern	n nyam	v 0vd		Jays, Clackles, I	viagpies		
Northern saw-whet, Western s				Crows, Ravens			
ANSERIFORMES	<u> </u>	OVVI	Max#	CHARADRIIFORMES	3		Max#
Dabbling Duck			100,000	Alcid			10000
Diving Duck, Merganser, Stiff-	tailed D	uck		Gull, Tern (specie	es less th	nan 14 inches)	
Native Geese				· · · · · · · · · · · · · · · · · · ·		14 inches), Jaeger, Skua	
Native Swan				Phalaropes		3 , , , , , , , , , , , , , , , , , , ,	
CICONIIFORMES			Max#		ies grea	ter than 10 inches)	
Bittern, Heron, Egret, Stork, Ik	ois					Tern (species greater than 14	
(species less than 20 inches)	-			inches), Wilson's		· · ·	
Bittern, Heron, Egret, Stork, Ik	ois			· · · · · · · · · · · · · · · · · · ·		birds (less than 10 inches)	
(species greater than 20 inche	es)			(unless otherwise		,	
CORACIIFORMES			Max#	GRUIFORMES			MAX#
Kingfishers				Cranes			
GAVIIFORMES			Max#	Rail (species les		•	
Loons				Rail (species gre	eater thai	n 10 inches)	
PELECANIFORMES			Max#	Coots			
Brown Pelican				PROCELLARIIFOR	MES		Max #
White Pelican				Albatross			
Frigatebird				Fulmars, Storm			
Other species				Shearwaters, Ot	her Petre	el species	



SULIFORMES	Max#	PODICIOEDIFORMES	Max#
Boobies, Cormorants		Grebes	
C Decrease of Free course			

Beeblee, Cermeran	10	0100	36		
6. DECLARATION OF	ENCLOSURES				
Attach documentati	on as needed.	plans, for each type	_	-	_
□ Variance Re	quest – New Permit	☐ Variance Request	– Permit Renewal L	∃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			1		
Material					
	ENCLOSURE 1	ENCLOSURE 2	ENCLOSURE 3	ENCLOSURE 4	ENCLOSURE 5
Size (L x W x H)			<u> </u>		
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					

Mate	erial								
GRU	IFORMES	Enclosure 1	ENCLO	OSURE 2	Enc	LOSURE 3	Enclosur	RE 4	Enclosure 5
	(LxWxH)								
Quar	•								
Mate	erial								
PELE	CANIFORMES	Enclosure 1	ENCL	OSURE 2	End	CLOSURE 3	Enclosur	RE 4	ENCLOSURE 5
Size	(LxWxH)								
Quar									
Mate	erial								
	CELLARIFORMES	ENCLOSURE 1	Encl	OSURE 2	End	CLOSURE 3	Enclosu	RE 4	ENCLOSURE 5
	(LxWxH)								
Quar	•								
Mate									
	CIOEDIFORMES	ENCLOSURE 1	ENCL	OSURE 2	Εn	CLOSURE 3	Enclosu	RE 4	ENCLOSURE 5
	(L x W x H)								
Quar									
Mate									
	FORMES	Enclosure 1	ENCL	OSURE 2	En	CLOSURE 3	Enclosu	RE 4	ENCLOSURE 5
	(L x W x H)								
Quar									
Mate		<u>_</u>							
	CILITY OPERATION								
Brief		ttach the following st	andard p	procedures for the	he pro	posed facility p	ursuant to the	ese re	gulations.
	Data Storage								
		and Triage Protocol:							
	Euthanasia Pr	otocol:							
	Animal Care P	rotocol:							
	Animal Husba	ndry Protocol:							
	Biosafety Prot	ocol:							
	Training Proto	col:							
		Plan: List of persor d continuity of care f							
	care for any re		or remab	ilitation ariimais		oub permittee (or their acoign	icc ai	e unable to provide
Full Nar	me (Last, First)1			Date of Birth		Email Address		Primary T	elephone
Mailina	Mailing Address City State Zip Code						Zip Code		
				-					•
Physica	al Address (if different fro	om above)		City				State	Zip Code
Full Nan	ne (Last, First)2			Date of Birth		Email Address		Primary T	elephone
N 4 - 111	Address			City				State	Zip Code

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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-Permittee:				
	Signature	Print Name	Date	
➢ Permittee:				
	Signature	Print Name	Date	
SECTION 2A >	Sesignee (if application)	hlo):		
SECTION SA.	Designee (ii applica	Signature	Print Name	Date
SECTION 7. 🖎	Contingency Person ¹	(required):		
		Signature	Print Name	Date
CECTION 7 >	Contingonal Dorses	(antional).		
SECTION 7. 🖎	Contingency Person ²	(optional):	Print Name	 Date



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

possessed at any time. LARGE CARNIVORE UNGULATE EAGLE, FALCON VENOMOUS SNAKE American Black Bear Deer Bald Eagle Crotalus species Mountain Lion Elk Golden Eagle Pronghorn Peregrine Falcon	1. APPLICANT AND FACILITY I	NFORMATI	ION							
Primary Telephone Secondary Telephone County	Name (Last, First)					Date of Birth GC			O ID # (if applicable)	
Primary Telephone Secondary Telephone County	Mailing Address (if different from physical	l address)				City			State	ZIP
County Facility Address (physical) City State ZiP	, , ,			Cocondon, Tol	lanhan		I Email /	Adress		
Facility Address (physical) Facility Email Facility Email Facility Website	Primary releptione			Secondary rei	iepnone	;	Email F	Address		
Pacility Telephone Facility Email Facility Email Facility Website Facility Faci	Facility Name								County	
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 Contact Name and Title Telephone Employer Address	Facility Address (physical)					City		· · · · · · · · · · · · · · · · · · ·	State	ZIP
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 Email Address	Facility Telephone			Facility Email	ı				Facility W	ebsite
Employer Address Employer Address	2. REQUIRED EXPERIENCE									
Employer Address Employer Address		nours of e	xperience	e within a 5-	-vear	period from th	e date	of the	initial ar	oplication request.
Employer Name			Дрононо		y ca.	poou		00		- pinoation requesti
Start Date End Date Time Base (F/T, P/T) Total Hours Specialty Rehabilitation Species Handled Telephone Employer Address Start Date End Date Time Base (F/T, P/T) Total Hours Specialty Rehabilitation Species Handled (3) Employer Name Employer Address Start Date End Date Time Base (F/T, P/T) Total Hours Specialty Rehabilitation Species Handled (3) Employer Name Employer Address Email Address End End Hours Frogar Acdress Email Address Email Address Email Address Email Address Email Address Email Address End End Hours Frogar Acdress Email Address					Emplo	yer Address				
Start Date End Date Time Base (F/T, P/T) Total Hours Specialty Rehabilitation Species Handled Telephone Employer Address Start Date End Date Time Base (F/T, P/T) Total Hours Specialty Rehabilitation Species Handled (3) Employer Name Employer Address Start Date End Date Time Base (F/T, P/T) Total Hours Specialty Rehabilitation Species Handled (3) Employer Name Employer Address Email Address End End Hours Frogar Acdress Email Address Email Address Email Address Email Address Email Address Email Address End End Hours Frogar Acdress Email Address						•				
Specialty Rehabilitation Species Handled Comtact Name and Title	Contact Name and Title		Telephone				Email A	Address		
Employer Name	Start Date	End Date			Time I	Base (F/T, P/T)		Total Hou	irs	
Contact Name and Title Telephone Time Base (F/T, P/T) Total Hours	Specialty Rehabilitation Species Handled									
Contact Name and Title Telephone Time Base (F/T, P/T) Total Hours	(2) Employer Name				Emplo	yer 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: Completion Date: Program / Course Name: Completion Date: Academic Institution: Program / Course Name: Completion Date: Program / Course Name: Academic Institution: Program / Course Name: Academi	· , , , ,				,					
Specialty Rehabilitation Species Handled (3) Employer Name Employer Address	Contact Name and Title		Telephone		Email Ad					
Contact Name and Title	Start Date	End Date			Time I	Base (F/T, P/T)		Total Hou	ırs	
Contact Name and Title Telephone	Specialty Rehabilitation Species Handled									
Contact Name and Title Telephone	(3) Employer Name				Emplo	ver 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 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 Crotalus species Mountain Lion Elk Golden Eagle Pronghorn Peregrine Falcon	(0,					,				
Specialty Rehabilitation Species Handled EDUCATION / TRAINING	Contact Name and Title		Telephone				Email A	Address		
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 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 Crotalus species Mountain Lion Elk Golden Eagle Pronghorn Peregrine Falcon	Start Date	End Date	•		Time I	Base (F/T, P/T)		Total Hou	irs	
1 Degree: Completion Date: 1 Certificate / License: Completion Date: Program / Course Name: 2 Degree: Completion Date: 2 Certificate / License: Completion Date: Program / Course Name: 3 Degree: Completion Date: 3 Certificate / License: Completion Date: Program / Course Name: 3 Degree: Completion Date: 3 Certificate / License: Completion Date: 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 Crotalus species Mountain Lion Elk Golden Eagle Pronghorn Peregrine Falcon	Specialty Rehabilitation Species Handled									
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Academic Institution: Program / Course Name: 2 Degree: Completion Date: Program / Course Name: 2 Certificate / License: Completion Date: Program / Course Name: 3 Degree: Completion Date: Program / Course Name: 3 Certificate / License: Completion Date: 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 Crotalus species Mountain Lion Elk Golden Eagle Pronghorn Peregrine Falcon			Completion F	Date:	1 Cert	ificate / License:			C	ompletion Date:
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 Crotalus species Mountain Lion Elk Golden Eagle Pronghorn Peregrine Falcon	2 Dogico.		Completion	Julio.	. 001	modito / Libonibo.			0.	ompletion Bate.
Academic Institution: 3 Degree: Completion Date: Academic Institution: Program / Course Name: 3 Certificate / License: Completion Date: 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 American Black Bear Deer Bald Eagle Crotalus species Mountain Lion EIk Golden Eagle Pronghorn Peregrine Falcon	Academic Institution:				Prog	ram / 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 Crotalus species Mountain Lion Elk Golden Eagle Pronghorn Peregrine Falcon	2 Degree:		Completion	Date:	2 Cer	tificate / License:			C	Completion Date:
Academic Institution: 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 Crotalus species Mountain Lion Elk Golden Eagle Pronghorn Peregrine Falcon	Academic Institution:				Prog	ram / 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 Crotalus species Mountain Lion Elk Golden Eagle Pronghorn Peregrine Falcon	3 Degree:		Completion	Date:	3 Cer	tificate / License:			C	Completion Date:
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 Crotalus species Mountain Lion Elk Golden Eagle Pronghorn Peregrine Falcon	Academic Institution				Proc	ıram / Course Name:				
Indicate the species of specialty authorization animals and proposed maximum number that may be temporarily possessed at any time. LARGE CARNIVORE American Black Bear Deer Bald Eagle Crotalus species Mountain Lion Elk Golden Eagle Pronghorn Peregrine Falcon					1 100	nam / Course Name.				
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American Black BearDeerBald EagleCrotalus speciesMountain LionElkGolden EaglePronghornPeregrine Falcon		Ungui A	TE		FΔ	GLE, FAI CON			VENOMO	US SNAKE
Mountain LionElkGolden EaglePronghornPeregrine Falcon			-							
Pronghorn Peregrine Falcon									J. Glaras	-
	modificant Elon		orn							
Bighorn Prairie Falcon		Bighorn								

4. DECLARATION OF	ENCLOSURES								
Provide photographs requirements listed i									
□New Variance Re	quest – New Per	mit 🗆 New	/ Variance	e Red	quest – Renev	val 🗆	Existing	Variance	– Renewal
LARGE CARNIVORE	ENCLOSURE 1	Enclosu	RE 2	Enc	CLOSURE 3	Enc	LOSURE 4	Enc	CLOSURE 5
Dimensions									
Quantity									
Material									
Substrate									
Ungulate	ENCLOSURE 1	Enclosu	JRE 2	ΕN	CLOSURE 3	End	CLOSURE 4	En	CLOSURE 5
Dimensions									
Quantity									
Material									
Substrate									
VENOMOUS SNAKE	ENCLOSURE 1	Enclosur	RE 2	ENC	LOSURE 3	End	CLOSURE 4	EN	CLOSURE 5
Dimensions									
Quantity									
Material									
Substrate									
EAGLE, FALCON	ENCLOSURE 1	Enclos	URE 2	E١	ICLOSURE 3	Enci	LOSURE 4	Enc	LOSURE 5
Dimensions									
Quantity									
Material									
Substrate									
5. Qualified Handle	ers								
List of qualified har	ndlers, one of wh	hich may be	the app	licant	, for <i>each</i> typ	e of s	pecialty r	ehabilitati	on animal. Large
carnivores and ungu	ulates require 3 q	ualified hand							alified handlers.
Name (Last, First)			Date of Birt	h	Telephone Numbe	r	Email Addres	SS	
Mailing Address			City					State	ZIP
HOURS OF RELEVANT EXPE	ERIENCE / TRAINING								
O. Name (Lant Eine)			[D. ((D))		T-1	_	[=		
2. Name (Last, First)			Date of Birtl	า	Telephone Numbe	r	Email Addres	SS	
Mailing Address			City					State	ZIP
HOURS OF RELEVANT EXPE	ERIENCE / TRAINING		<u> </u>						
3. Name (Last, First)			Date of Birth	1	Telephone Numbe	r	Email Addres	is	
Mailing Address			City					State	ZIP
HOURS OF RELEVANT EXPE	ERIENCE / TRAINING		l						
4. Name (Last, First)			Date of Birth	1	Telephone Numbe	r	Email Addres	is.	
				•	Totophone Humbe		Email/tadio		1
Mailing Address			City					State	ZIP
HOURS OF RELEVANT EXPE	ERIENCE / TRAINING								
5. Name (Last, First)			Date of Birth	n	Telephone Numbe	r	Email Addres	SS	
Mailing Address			City		I		I	State	ZIP
HOURS OF RELEVANT EXPE	ERIENCE / TRAINING		l						I

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.

Applicant:			
	Signature	Print Name	Date
≥ 1Qualified Handler: _		Print Name	Part -
	Signature	Print Name	Date
≥ 2Qualified Handler: _			
	Signature	Print Name	Date
`a` Qualified Handler:			
	Signature	Print Name	Date
≥ 4Qualified Handler: _			
_	Signature	Print Name	Date
≿5Qualified Handler:			
a Qualilleu Hallulei	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.

1. PERMITTEE INFORMAT	TION				
Permittee Name (Last, First)				GO ID # (if ap	plicable)
Mailing Address (if different from	physical address)	City		State	ZIP
Preferred Telephone		Secondary Telephone	Email Address		<u> </u>
Facility Name					
Facility Address (physical)		City		State	ZIP
1A. SUB-PERMITTEE INF	ORMATION				
Name (Last, First)				GO ID # (if ap	plicable)
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.	□ F	Person retired.	Person no longe	er able to wo	rk/volunteer.
		ovide dates and brief description of attempts t	-		
Person refused 3 of	more inspections.	white dates and blief description of attempts t	o scriedule inspection)		
☐ Person failed inspe	ction (Brief description of non-	compliant items)			
	odon.	,			
☐ Person not in good	standing under permit	(Brief description of why no longer in good	standing)		
L i erson not in good	standing under permit		G,		
	ACKN	IOWLEGEMENT AND SIG	NATURE		
"I hereby request tha		permittee or authorized perso		n mv wildlife	rehabilitation
permit. I request that	at the department up	date any required records, in	ncluding the Auto	mated Licen	se Database
System, related to th	is individual. I have no	otified the sub-permittee or au	thorized person o	f this action.	
		porarily possessed by the sub ocation, as designated by the			
		ns the property of the State of			
		perjury that the information pro true and accurate to the best			al information
	·	1633.5(b), I acknowledge that			nature for this
form, I agree that my	electronic signature is	s legal binding equivalent to a	handwriting signa	ture. I hereb	y confirm that
my electronic signati	ure represents my exe	ecution or authentication of thi	s form, and my int	ent to be bo	und by it.
≥ Permittee / Designee	e:				
9 -	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	te Sections 1 a	nd 3 🗀 Lie	censed Veteri	narian – Comp	lete Sections	s 2, 4-5	
1. APPLICANT INFORMATION							
Full Name (First)	(Last)		(M.I.)		GO ID# (if	f applicable)	
Title	Primary Telephone		Primary Email		<u> </u>		
Facility Name	<u> </u>		Facility Telephone				
Facility Mailing Address (if different from physica	I address)	City		State	ZIP		
Facility Physical Address		City		State	ZIP		
2. VETERINARIAN INFORMATION							
Full Name (First) (Last)	(M.I.)			Veterinary License N	umber (Expiration I	Date)	
Name of Employer			Employer Address				
Name of Employer			Employer Address				
Primary Telephone			Email Address				
3. APPLICANT RESPONSIBILITIES	5						INITIAL
Maintain current schedule of ava	ailability for a lic	ensed veterina	rian to provide	treatment of rel	nabilitation a	nimals.	
Provide all required records if a	oplicable for a r	ehabilitation ar	imal so that a	veterinarian car	n make an in	formed	
assessment of the condition of t	the animal to de	etermine the tre	eatment plan ar	nd outcome of t	he animal.		
Adhere to the standing orders rehabilitation animal.	of a licensed ve	eterinarian for	medication use	e and treatmen	t prescribed	for the	
Rely on the licensed veterinarian prescribed for the rehabilitation		ress the admir	nistration of me	edication and v	eterinary tre	atment	
Recognize that the purpose of page a condition of good health for its			a rehabilitation	animal is to re	store that ar	nimal to	
4. VETERINARIAN RESPONSIBIL	ITIES						INITIAL
Provide veterinary consultation t			as standing or	ders to perform	routine proc	edures	
for animal care, treatment proce							
Provision, storage, and docume state laws.	entation of contr	folled and non-	controlled subs	stances pursua	nt to all fede	ral and	
Ethical consideration of the welf	are and natural	history of a re	habilitation ani	mal when provi	ding any trea	atment.	1
Rely on the permittee or their de animal.	signee to best a	ddress the hun	nane care and	husbandry need	ds of a rehab	ilitation	
Recognize that the purpose of page a condition of good health for its			a rehabilitation	animal is to re	store that ar	nimal to	
5. VETERINARIAN SERVICES TH	AT MAY BE PRO	VIDED (check a	all that apply):				
Physical examinations		∃Yes □ No	Diagnostic S	ervices		☐ Yes	□ No
Dispensing Medication		☐ Yes ☐ No	Surgical Prod	cedures		☐ Yes	□ No
Administering Medication		☐ Yes ☐ No	Euthanasia			☐ Yes	□ No
Prescribing Medication		☐ Yes ☐ No	Necropsy			☐ Yes	□ No
Screening / Preventative Care		☐ Yes ☐ No	Carcass Disp	osal		☐ Yes	□ No
Species not able to handle or pr	ovide services	for (if applicab	le):				

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 <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 Veterinar	ian		
	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 INFORMATIO	N					
Applicant Name (Last, First)			Date of	Birth	GO ID#	
Primary Telephone	Secondary Telephone	9		Email Address	•	
Facility Name				Facility Website (if applica	ole)	
Physical Address		City		I	State	ZIP
Mailing Address (if different from physical address)		City State ZIP				ZIP
2. AUTHORIZED PERSONS					•	
Full Name		Primary Telephon	е		Email Address	
Mailing Address		Physical Address	(if differe	nt)		
Relevant Experience – Minimum 40 hours (mark all that appl		· - · ·				
☐ Education/Degree ☐ License/Certifices Species or taxonomic group of rehabilitation animal(s) authority		nittee Frainir	ng □ I	External Training	☐ Other:	
Full Name		Primary Telephon	e		Email Address	
Mailing Address	Physical Address (if different)					
Relevant Experience – Minimum 40 hours (mark all that appl	<i>y</i>):					
☐ Education/Degree ☐ License/Certific	ation Pern	nittee Trainir	ng □ l	External Training	☐ Other:	
Species or taxonomic group of rehabilitation animal(s) authori	zed to handle:					
Full Name		Primary Telephon	е		Email Address	
Mailing Address		Physical Address	(if differe	nt)		
Relevant Experience – Minimum 40 hours (mark all that appl	/):					
☐ Education/Degree ☐ License/Certific		nittee Trainir	ng □ I	External Training	☐ Other:	
Species or taxonomic group of rehabilitation animal(s) authori	zed to handle:					
Full Name		Primary Telephon	e		Email Address	
Mailing Address		Physical Address	(if differe	nt)		
Relevant Experience – Minimum 40 hours (mark all that appl	<i>\\</i> .					
☐ Education/Degree ☐ License/Certific	•	nittee Trainir	na 🗆 I	External Training	☐ Other:	
Species or taxonomic group of rehabilitation animal(s) authori		THE THE THE THE	<u>.g — .</u>	<u> </u>		
Full Name		Primary Telephon	е		Email Address	
Mailing Address		Physical Address	(if differe	nt)	1	
Relevant Experience – Minimum 40 hours (mark all that appl	<i>y</i>):	I				
☐ Education/Degree ☐ License/Certifices		nittee Trainir	ng □ I	External Training	☐ Other:	
Secretary of tendential animals and the secretary an	Los to hallalo.					

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):	1	
☐ Education/Degree ☐ License/Certification ☐ Pe	rmittee 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 ☐ Pe	rmittee 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 ☐ Pe	rmittee Training External Training	☐ Other:
Species or taxonomic group of rehabilitation animal(s) authorized to handle:	<u> </u>	
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 ☐ Pe	rmittee Training External Training	☐ Other:
Species or taxonomic group of rehabilitation animal(s) authorized to handle:		
ACKNOWI F	DGEMENT AND SIGNATURE	
I understand that any information provided to the D to the Department related to this application will be		
I affirm and attest under penalty of perjury that the in may be provided to the Department related to this		
The Department reserves the right to verify the und by the claimant, the undersigned may be legally ob and may be subject to criminal, civil, and/or denial requires the signature of the property owner and permission to enter the property.	ligated to compensate the State for co or revocation of all rehabilitation-relat	sts associated with verification ed privileges. The Department
With accordance to California Civil Code §1633.50 form, I agree that my electronic signature is legal my electronic signature represents my execution o	binding equivalent to a handwritten s	ignature. 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												
	icant Name (Last, First)					Date of Birth				GO ID #	f (if app	plicable)	
N 4 - 11	A Liver (T. I'M and for a liver a live	,				0.11				01-1-	710		
iviali	ng Address (if different from physical address	5)				City				State	ZIP		
Prim	ary Telephone					Secondary T	eleph	one		Email A	ddress	3	
Faci	lity Name (if applicable)									County			
	,												
Phy	sical Address					City				State	ZIP		
2.	ANIMAL CAPTURE EQUIPMENT (Che	ck All T	hat A	pply)						<u></u>		
	Nets (Birds)					h pole				Dart	aun		
	Nets (Bats)					ls / leashes				Darts			
	Nets (Mammals)					sticks						nge / J	lab stick
	Nets (Reptiles/Amphibians)					gloves							drugs (if applicable)
	Net gun					nal control po	le			Snak			arage (ii appireasie)
	Live trap					nal grasper /		ole				nields	
	Protective gloves					ective eyewe		5.0				e footy	vear
	ANIMAL TRANSPORT EQUIPMEN	т			1 1010	301110 070110	<u>u.</u>			1 1010	,01171	3 10011	Tour
	M [AS APPLICABLE]	Ī	BRIE	F DE	SCRIP	PTION							QUANTITY
	rge animal carrier, metal												407
	rge animal carrier, plastic												
	rge animal carrier, soft sided	1											
	edium animal carrier, metal												
	dium animal carrier, plastic	1											
	edium animal carrier, soft sided	t											
	nall animal carrier, metal												
	nall animal carrier, plastic	1											
	nall animal carrier, soft sided												
	nall animal carrier, cardboard												
	rrarium, mesh												
	ptile / snake bucket												
	uariums, glass	1											
	uariums, plastic												
	ansport Carrier "Tie Downs"												
An	imal bags												
	ailers												
4.	ANIMAL EMERGENCY SUPPLIES												
İTE	M	Q	UANI	TITY	İT	EM							QUANTITY
An	imal food supply (minimum 3-days)				Н	eating source	e (e	.g., heating	pad)				
	od receptacles					ooling source	e (e.	g., fan)					
	ater receptacles					edding							
	rtable water container(s)					leaning supp		ا - داله ما	. 1! -				
	ecialty feeding supplies		nn n li d	1	Ba	asic veterina	ry m	iedical supp	olles				
	FACILITY SAFETY [Check all the	તાં ઠ		_	but off	/Drooker		'Animala		65		Ema	raonov Evit oica
	First aid kits Smoke/CO ₂ detectors			•	nut on inguis	/Breaker		'Animals Eye wash	etatio	on on(e)			rgency Exit sign
\Box	STRUNG/ SOZ GELEGIOIS	i 1 l	1 11 11 6	$ \sim$ \sim \sim	iguiði	11013	1.1	_yc wasii	Juan	,, i(3)	1 1 1 1	Land	mino totoprititio



14.0	NOT I I I I I I I I I I I I I I I I I I I									
If it	If item NOT checked, briefly describe why:									
5 <i>A</i>	5A. EMERGENCY ALERT SYSTEM [Check all that apply]									
	Fig. d			Telephone tree						
	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	an emerg	enc	;y]				
lм	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									
Ut	lity Company (Electric)									
Ut	lity Company (Water)									
Ut	lity Company (Gas)									
Ut	lity Company (Telephone/Internet)									
CI	DFW 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		r First Res	pon	ıd	ers.				
							rpe and/or condition (e.g., bird nursery).			
8.	EVACUATION PROTOCOL									
	IIMAL RELEASE CRITERIA - Type of	animal to								
	mediately released onsite.									
ev	imal Transport Criteria - Type of acuate offsite.									
	SEMBLY AREA Designated location(s		Location							
	semble personnel prior to evacuation		Location							
	AGING AREA Designated location(s		Location							
	age personnel and animals after an e		Location							
	ACUATION ROUTE Briefly describe		Primary r							
rea	ach staging area(s) offsite after an ev	acuation.	Secondar	угс	υ	ite:				
	A	CKNOWLE	OGEMENT	ΑN	N	D SIGNATUR	E			
to	"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									

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

form, i agree th	at my electronic signature i	s legal binding equivalent to a nandwri	tten signature. I nereby confir
my electronic si	gnature represents my exec	cution or authentication of this form, and	d my intent to be bound by it.
			•
Applicant: _			
	Signature	Print Name	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.

pormittee, east permittee, er tiren deergriee d		_				
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			1			
Facility Address (physical)		City			State	ZIP
2. PROPERTY OWNER INFORMATION						
Property Owner Name (Last, First)			Title			
Preferred Telephone		Ema	ail Address			
Mailing Address (if different from physical)		City			State	ZIP
Physical Address		City	,		State	ZIP
3. PROPERTY OWNER ACKNOWLEDGEMENT AN	ID SIGNATURE			<u> </u>		
designee or third party for permission to entis subject to control by the State. I understainspection at any reasonable time or day. I hereby give permission for the Departmentime of the day, on any day of the week, to animals. With accordance to California Civil Code §10 I agree that my electronic signature is legelectronic signature represents my execution. Property Owner:	and that the permit is nt, or its designee, to inspect any facility, e 633.5(b), I acknowled gal binding equivalen	en ncl ge	privilege, and that a ter my property to o osures, equipment, that by providing m o a handwritten sig	a permit h conduct vi written re y electroni nature. I	older sits du cords, c sign hereb	may be subject to uring a reasonable, and rehabilitation nature for this form, y confirm that my
Signature	Print Name				Date	
4. APPLICANT ACKNOWLEDGEMENT AND SIGN	ATURE					
I understand that any information provided the Department related to this application w	o the Department in the					
I affirm and attest under penalty of perjury that may be provided to the Department related Department reserves the right to verify the undersigned may be legally obtained be subject to criminal, civil, and/or denial or I understand that wildlife remains the proper permit is a privilege, and that I may be subjeted these requirements can result in revocation.	ated to this application undersigned claims. Soligated to compensation of all rehaterty of the State and ct to inspection at any	n is sho e th bili is	s true and accurate uld this verification ne State for costs as tation-related privile subject to control b	to the best reveal intest ssociated veges. by the Stat	et of mentions with ve	ny knowledge. The all falsehood by the erification and may anderstand that the
With accordance to California Civil Code §10 I agree that my electronic signature is leg electronic signature represents my execution	al binding equivalen	t to	a handwritten sig	nature. I	hereb	y confirm that my

Print Name

Date

_										
DATE OF INSPECTION: INSPECTED BY:										
1. REASON FOR INSPECTION [check all th	at apply]									
□ Facility (New) □ Facility (Rene		ility (Satellite)	Re-In	spection 🗆 Va	riance					
□ Speciality Rehabilitation Authorization	•	• ,		ther-Qualified Hand						
2. PERSONAL INFORMATION										
Full Name (Last, First)	Permittee Name (if di	fferent)		GO ID # (if applicable)	Federal	ederal Permit # (if applicabl				
,	`	,	· -			,				
Mailing Address	City		State	ZIP						
Physical Address (if different)		City			State	e ZIP				
Primary Telephone	Secondary Telephone	9		Email Address						
3. FACILITY INFORMATION										
Facility Name	Facility Physical Addr	ess		□ Property Owner □	⊐ Tenar	nt 🗆	Othe	er		
Number of Staff	Number of	Number of Sub-Permittee	s	Number of Authorized	Number	of Qu	alified	Hand	llers	
	Volunteers		-	Persons						
T			SPECIAL	I TY REHABILITATION [select all	that apply	y]				
TAXONOMIC GROUP [select all that apply]	accaring/Other Avif	oun o	□ Lar	ge Carnivore 🛭 Ungul	ate □ V	'enor	nous	Sna	ıke 🗆	
ା Herptile । Mammal । Waterbird । Raptor । Pa	asserine/Other Avii:	auna	Eagle,	Osprey, Falcon						
4. INSPECTION REQUIREMENTS (E = Exceeding 1)	ed Requirements, M =	Meets Requirements, F = F	ails to me	eet Requirements, N/A = No	t Applical	ole)				
FACILITY REQUIREMENTS (TITLE 14 CCF						Е	М	F	N/A	
Permit(s) clearly visible and on display	_	,						-		
Veterinarian of Record Agreement									1	
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 applicab	ole)									
Public Reporting protocol	•									
Satellite facility inspection records										
Authorized persons inspection records	5									
Succession Plan for continued care of		nimals if no longer	able to	provide care						
ENCLOSURE REQUIREMENTS (TITLE 14 C	CCR § 679.4 (b))				Е	M	F	N/A	
Enclosures constructed and secured a	nt all times to pr	event ingress or eg	gress b	y any animal.						
Enrichment suitable for the developme	ent stage and co	ondition of each rel	nabilita	ition animal.						
Enclosures have sufficient drainage to	prevent standi	ng water from accu	ımulati	ng.						
Enclosure Labels: Common species n	ame(s), numbe	r of animals, identif	fication	of each animal.						
Visual and physical separation betwee	n rehabilitation	animals and non-co	onspec	cific rehabilitation an	nimals.					
Visual/physical separation between rel	habilitation anim	nals and domestic a	animal	s and restricted spe	cies.					
Rehabilitation animals have minimal d		ntact and not displa	ayed to	the public.						
Pre-Release Enclosures Minimum Size										
Pre-Release Enclosures Minimum Size - Raptors										
Pre-Release Enclosures Minimum Size – Passerines/Other Avifauna										
Pre-Release Enclosures Minimum Size - Mammals										
Pre-Release Enclosures Minimum Siz										
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)	Е	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 disinfect	ting 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 year	ars 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:				
One in the control of				
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 information that may be provided to the Department related to this inspection is true my knowledge. I hereby certify the results of the inspection pursuant to the require 679."	e and accurate to	the I	bes	t of
Authorized Inspector:				
Signature Print Name Title		ate		
Signature Finit Manie Hitle	٠.	210		
➢ Permit Holder/Designee:				
-				
Signature Print Name Title	L	ato		

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

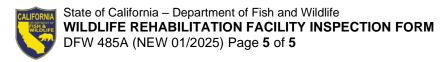


Table 3. Amphibian and Reptile Enclosure Inspection (including specialty rehabilitation).

	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 application)	oply)										
☐ Inspection (New) ☐ Re-Inspection ☐	☐ Speciality R	eha	bilitation (no larg	e carn	ivores)	□ Autor	ized	Perso	on 🗆	Vari	ance
2. PERMITTEE INFORMATION											
Permittee Name (Last, First)		GO	ID # (if applicable)			Federal Po	ermit #	(if applic	cable)		
3. SUB-PERMITTEE INFORMATION						I.					
Sub-Permittee Name (Last, First) Telephone Number Federal Permit # (if						(if applicable)					
Mailing Address (if different from physical address)			City			1	State		Zir	Code	
			,						Zip Code		
Physical Address			City				State		Zip	Code	
Email Address:			Facility Name (if application	acility Name (if applicable)							
4. FACILITY INFORMATION											
Facility Name	Facility Physical Ac	ddress	3		□ Prop	erty Own	er 🗆	Tenar	nt 🗆 (Other	
Number of Staff	Number of Volunteers	ı	Number of Sub-Permittees Number of Authorized Persons					Number of Qualified Handle			
TAXONOMIC GROUP [select all that apply]		ļ				_		II that apply]			
□ Large Carnivore □ Ungula Herotile □ Mammal □ Waterbird □ Raptor □ Passerine/Other Avifauna					ngulat	ie □ V	enom/	ous S	nake 🗆		
Eagle, Osprey, Falcon											
5. INSPECTION REQUIREMENTS (E = Exceed	d Requirements, M = I	Meets	Requirements, F = Fails to	o Meet Re	quirements,	N/A = Not A	pplicabl	le).			
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,	•										
Procedure for keeping domestic anima			•								
Training Protocols for staff/volunteers,	including trail	nıng	j records (i.e., da	ites, a	escriptic	n of					
training)								_	N A	F	N/A
REQUIREMENT (HEALTH AND SAFETY)	noina							Е	М	Г	IN/A
Protocol for handling rabies vector spe Protocol for communicable disease tra		.01/0	ntion and contro	\l							
Protocol for Personal Protection Equip			and contro	<i>7</i> 1							
Location of fire alarms, fire extinguished			xits (if applicable)							
Emergency evacuation procedures cle		•	`	<u>/</u>							
Food safety protocols to safely handle, prepare, and store animal food and human food											
Carcass storage and disposal protocols											
Facility and enclosure cleaning schedu	ule protocol										
REQUIREMENT (ANIMAL WELFARE)								Е	М	F	N/A
Procedures for the use & storage of controlled substances											
Euthanasia protocols including list of e	euthanasia cei	rtifie	ed staff								
Indoor and outdoor enclosure requirements (Section 679.4(h))*											

6. ENCLOSURES INSPECTION			
Use Tables 1-3. Add additional documentation	n as needed.		
7. INSPECTION NOTES			
ITEMS THAT FAIL TO MEET REQUIREMENTS (OBSERVE	D DEFICIENCIES):		
ITEMS THAT EXCEED REQUIREMENTS:			
OTHER ITEMS OBSERVED DURING THE INSPECTION:			
8. 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)		
ACKNO	OWLEDGEMENT AND SIGNAT	ΓURE	
I understand that any information provided provided to the Department related to thi publicly available.	•		
I affirm and attest under penalty of perjur information may be provided to the Depart knowledge.	•	• •	•
The Department reserves the right to ver falsehood by the claimant, the undersig associated with verification and may be surelated privileges. The Department require signed by a designee or third party for per	ned may be legally obligat ubject to criminal, civil, and/or es the signature of the prope	ted to compensate the r denial or revocation of erty owner and shall not	State for costs all rehabilitation-
With accordance to California Civil Code § this form, I agree that my electronic signature representation by it.	ature is legal binding equival	lent to a handwritten sig	gnature. I hereby
➤ Permittee:	Print Name	Dut	
Signature	Print Name	Date	
"I have inspected these facilities and a requirements listed in Title 14 CCR 67			
> Inspector:			
Signature	Print Name	Date	

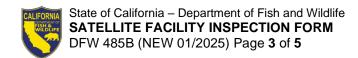


 Table 1. Mammal Enclosure Inspection (including specialty rehabilitation).

	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

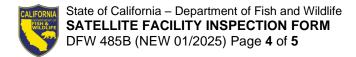


Table 2. Avian Enclosure Inspection (including specialty rehabilitation).

	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

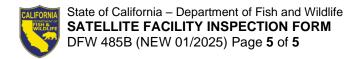


Table 3. Amphibian and Reptile Enclosure Inspection (including specialty rehabilitation).

	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				
, applicant raine (2001, 1 liet)	admity Hame (ii applicable)		00.2 "	ramaly receptions	2				
Mailing Address (if different from physical address)		City	I		1	State	ZIP		
Physical Address									
Physical Address		City				State	ZIP		
2. LOCATION OF REQUESTED	VARIANCE								
□ Wildlife Rehabilitation Facility (Permittee) Other Loc	cation (Authorized Perso	on):					
□ Satellite Facility (Sub-Permitte	e)								
3. CATEGORY OF VARIANCE									
□ Minimum Size □ Max # A	Animals Construction	Desig	gn/Materials □	Location Change (alternate	site on/	off property)		
4. Type of Variance	la	1144							
□ New Construction	Describe change of	or differe	ence from the requi	rement(s) (attach additio	nal docume	ntation a	s needed):		
□ Existing Construction									
☐Modification of Existing Cor	struction								
5. Reason(s) FOR REQUEST	MARK ALL THAT APPLY]								
□ Requirement will result in a	n undue hardship becau	se of p	hysical limitatio	ons of the facility, site	e, or its u	tility ser	vices.		
□ Requirement will result in a	n undue hardship becaus	se of e	excessive costs	of additional or alte	red const	ruction	elements.		
□ Requirement will result in	·								
culturally significant site):_									
	A CKNOW! ED	CEMI	ENT AND SIGN	IATUDE					
"I declare under penalty of					nce and	anv ad	ditional		
information that may be provi									
information provided to the De									
The Department reserves the	right to verify the unders	igned	claims. Should	this verification reve	al intentio	onal fals	sehood		
by the claimant, the undersign									
With accordance to California	Civil Code §1633.5(b),	I ackn	owledge that b	y providing my elec	tronic sig	nature	for this		
form, I agree that my electroni	c signature is legal bindir	ng equ	ivalent to a han	dwritten signature. I	hereby c	onfirm t			
electronic signature represent	s my execution or auther	nticatio	on of this form,	and my intent to be	bound by	it.			
Applicant:									
Signatu	re	Prin	t Name			Date			
ARIANCE DETERMINATION [***O	fficial Use Only***]	T		/					
☐ Approve [No Inspection Red	quired]	Req	uired Conditions	s (attach supplemental docum	ientation as ne	edea):			
☐ Approve [Inspection Require	ed]								
☐ Deny – Fails to meet require	ments to protect native								
wildlife, animal welfare, hun	nan health and safety,								
or agricultural interests									
Authorized Staff:									
	nature P	rint Nam		Title		Date			

		CALEN	DAR Y EAR	:	(DUE B'	Y JAN	NUAR	Y 31)					
A permittee, the poccurred the po(WRMD) annual	rior calendar													
□ CDFW Ann	ual Report - 0	Complete All	Sections		VRMD or O	ther	Annu	ıal R	eport -	Com	nplete S	ec	tions '	1-2, 7
Sub	mit by email	at RehabWild	dlife@wildli	fe.ca.	gov; or mai	to: C	DFW	/ Wil	dlife He	ealth I	Laborato	ory	,	
ATTN: N	Native Wildlife	Rehabilitation	n Program	ո, 170	1 Nimbus R	oad,	Suite	D, I	Rancho	Cord	lova, CA	1 9	5670	
I. PERMITTEE II	NFORMATION													
Permittee Name (Last,	First)			GO I	D #				Other	Permits				
Primary Telephone		Secon	idary Telephone				Fmai	l Addre	299					
		0000.	idaily releptions				2	.,						
Mailing Address				City							State		ZIP	
acility Name (if application	able)			<u> </u>				Cou	nty					
acility Address (physic	cal)			City							State		ZIP	
						F00						L		
acility Email						Facili	ty Webs	ite						
2. SUMMARY OF	PATIENT OUT	COME												
Total intake ta												the	r facil	ity, E:
Euthanized, D:				RU: I	Reunited wit	h Pa	rent;	RIC:	Rema	ins in	care.			
	Total	R	Т		E		D		DO	Α	RU	_	R	IC
Amphibians														
Reptiles														
Birds														
Mammals												\dashv		
Total														
3. WILD ANIMA	-						•		_	ı				
Species or Co	<u>mmon Name</u>	!	Т	otal I	Received	R	T	Р	E	D	DOA	R	U	RIC
												<u> </u>		
												-		
							-		+					
												<u> </u>		
									1			<u> </u>		
								L						

4. REHABILITATION	N RAPTOR TR	ANSFERS TO LICENSE			
SPECIES OR COM	MON	IDENTIFICATION #	LOCATION ADDR	ESS	TRANSFER DAT
NAME					
		HOURS REQUIRED AN		0 1161 111 111 (0.4) 4	(4.5)
Name (Last, Firs		(P), Sub-permittee (SP), Designee (D), Titles of Train	Qualified Handler (QA), Au	Hours
NAME (LAST, FIRS	01)	DESCRIPTOR	TITLES OF TRAIN	ING	HOURS
6. Non-Releasae	BLE WILDLIFE	L			
☐ 671 restricted			Other depar	rtment authorization:	
Identification #	Species o	r Common Name	Date Acquired	Location Address	
7. ACKNOWLED	GEMENT A	ND SIGNATURE	-	.4	
			the Department in	this application and any	additional information
				ct to the Public Records A	
				nformation provided in thi	
best of my knowle		ay be provided to the	e Department relat	ted to this application is tro	ue and accurate to the
_	J	costs incurred for an	v activities perform	ned under the permit. I und	lerstand that the nermit
				ble time or day. I understa	
		s subject to control			
With accordance	to California	Civil Code §1633.5	(b), I acknowledge	that by providing my elec	tronic signature for this
form, I agree that	t my electron	ic signature is legal	binding equivalent	to a handwritten signature	e. I hereby confirm that
my electronic sign	nature repres	sents my execution	or authentication of	this form, and my intent to	be bound by it."
Applicant: _					
	Signatu	re	Print Name		Date



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.

last examination and s	oubitiil I	equired li	iioiiiialio	11.							
1. REQUESTING PARTY											
Name (Last, First)							GO ID#				
Mailing Address (if different from	m physical	address):			City				State	Zip	
Physical Address:					City				State	Zip	
Telephone Number			Email Add	ress				Facility Nar	me (if applicable	e)	
2. ANIMAL INFORMATIO											
Common Species or Scientific I	Name:			Animal In	take #:				Intake Date:		
Age/Age Class:	ge/Age Class: Sex: Weight			Weight:			Microchip/Ta	g/Other Ident	tifier (if applicab	ole):	
3. ANIMAL EXAMINATIO	N (*NO LA	TER THAN 30 C	CALENDAR DAY	S FROM DAT	E OF REQU	JEST)					
Date of Last Exam*	Name (L	.ast, First)						Title			
Physical Address of Exam			Telephone	Number				Email a	iddress		
Signature of Examiner						Veterinaria	an / Registered	Veterinary T	echnician Licer	nse No. (if appli	cable)
4. Animal Condition	(Check all	that apply)									
Amputated limb, foot,					nt 🗆		nent visual i				
Permanent damage t									alysis, or pa	resis	
☐ Permanent inability to							, ,		• • •		
☐ Permanent inability to	o display	natural lit	e history b	pehaviors	of its s	pecies (e	e.g., habitua	te, mal-im	print)		
Briefly describe:											
5. ANIMAL WELFARE F			neck all that ap	oply)							
☐ Requires Medication							es Medication				
Requires Medical T	reatmen	t (tempora	ıry)		☐ Requires Medical Treatment (long-term)						
☐ Requires Enclosure	Modifica	ations			☐ Requires Special Diet / Modified Feeding						
☐ Must Be Housed wi	th Other	Animals			☐ Must Be Housed Alone						
6. SUGGESTED PLACE	MENT O	PTIONS (If	applicable)								
			Ackno	owledge	ment	and Sign	nature				
"I understand that an to the Department re and attest under pen may be provided to the	lated to alty of	this repo perjury th	ovided to ort will be nat the in	the Depa subject formatio	artmen to the n prov	it in this Public R ided in t	document Records Ac his docum	t and ma ent and	y be publicany addition	ly available nal inform	e. I affirm
The Department rese											
With accordance to good form, I agree that my electronic signature r	electro	nic signat	ure is leg	al bindir	ng equi	valent to	a handwr	itten sign	ature. I hei	reby confiri	
Requesting Party:											_
		Signature				Print Nam	е			Date	
PERMANENT PLACEMENT			'N -	ial Use C							
☐ Approve [No Other Ex						nination Re		proved Fa	acility:		
☐ Deny [Fails to protect a	animal we	elfare, nativ	e wildlife, h	uman hea	lth, or hu	ıman safet	ty]	Euthanize	□Transf	er □Rele	ase
Authorized Staff	:										