

**SPECIALTY REHABILITATION AUTHORIZATION APPLICATION**

DFW 480C (NEW 04/01/25) Page 1 of 6

**APPLICATION FEE (nonrefundable)\*: \$70.30****INSPECTION FEE (refundable)\*: \$194.67**

\*All fees are subject to [Section 713](#) of the Fish and Game Code and may be adjusted annually pursuant to [Section 703\(c\), Title 14, California Code of Regulations](#) (CCR). NOTE: Authorization renewals are not subject to an inspection fee.

☐ **New Authorization**☐ **Authorization Renewal**☐ **Authorization Amendment**

SEE INSTRUCTION PAGE. TYPE OR PRINT CLEARLY.

**SECTION 1. Applicant Information**

First Name	M.I.	Last Name	Date of Birth	GO ID #
Mailing Address		City	State	Zip Code
Primary Telephone	Secondary Telephone		Email Address	
Facility Name				County
Physical Address		City	Zip Code	
Facility Telephone	Facility Email Address		Facility Website	

**1A. Required Experience**

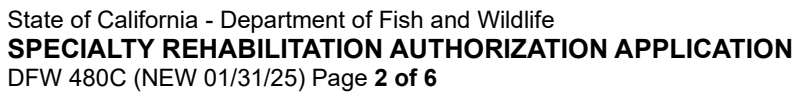
Completion of the required hours of animal care, husbandry, and handling experience with the same taxonomic group or closely related taxa (same Order) as the proposed specialty rehabilitation animal(s) completed within 5 years from date of application; or experience the department determines to be equivalent. Relevant education may be accepted as a substitute for up to 40 hours of experience if obtained at an accredited institution or program recognized by the U.S. Department of Education. Attach additional page(s) as needed.

☐ Eagle/Falcon, 250 hours      ☐ Large Carnivore, 400 hours      ☐ Ungulate, 250 hours      ☐ Venomous snake, 100 hours

(1) Facility Name		Facility Address		
Contact Name and Title		Telephone	Email	
Start Date	End Date	Time Base (F/T, P/T)	Total Hours	
Species / Taxa Worked With				
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	
Species / Taxa Worked With				
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	
Species / Taxa Worked With				
Describe Experience				
(4) Facility Name		Facility Address		
Contact Name and Title		Telephone	Email	
Start Date	End Date	Time Base (F/T, P/T)	Total Hours	
Species / Taxa Worked With				
Describe Experience				

**1B. Education / Certification**

(1) Degree/Certificate/License:	Institution / Program:	Completion Date:
(2) Degree/Certificate/License:	Institution / Program:	Completion Date:



Eagles/Falcons, Large Carnivore, Ungulate, Venomous Snake: Indicate each species of specialty rehabilitation animal proposed to be temporarily possessed for the purpose of rehabilitation under a CDFW wildlife Rehabilitation Permit. Include the maximum number of specialty rehabilitation animals that can be temporarily possessed at one time (capacity).

☐ No USFWS Permit   ☐ USFWS Permit [In Progress] Application Date: \_\_\_\_\_ ☐ USFWS Permit #: \_\_\_\_\_

<input type="checkbox"/> Bald eagle ( <i>Haliaeetus leucocephalus</i> ) Capacity:_____	<input type="checkbox"/> Peregrine falcon ( <i>Falco peregrinus</i> ) Capacity:_____
<input type="checkbox"/> Golden eagle ( <i>Aquila chrysaetos</i> ) Capacity:_____	<input type="checkbox"/> Prairie falcon ( <i>Falco mexicanus</i> ) Capacity:_____

☐ American black bear (*Ursus americanus*) Capacity: \_\_\_\_\_

<input type="checkbox"/> Mule deer ( <i>Odocoileus hemionus</i> ) Capacity: _____	<input type="checkbox"/> Pronghorn ( <i>Antilocapra americana</i> ) Capacity: _____
<input type="checkbox"/> Elk ( <i>Cervus canadensis</i> ) Capacity: _____	<input type="checkbox"/> Wild sheep ( <i>Ovis canadensis</i> ) Capacity: _____

☐ Rattlesnake, sidewinder, lyresnake      Capacity: \_\_\_\_\_

Describe each type of pre-release conditioning enclosure that shall include the following information: animal type, structure type (permanent or temporary), enclosure size (length x width x height, in feet unless otherwise specified), construction materials, total number of each type (i.e., identical enclosures). Attach photographs, diagrams, blueprints, or other written plans if needed.

Include documentation for proposed or existing deviations. ☐ Variance Request ☐ Current Variance

[illegible][illegible]

**SECTION 3. Declaration of Enclosures****3C. Ungulate**

Animal Type (Example: Mule Deer)	Enclosure Type (Ex. Pre-release)	Construction Materials (Ex. 11-gauge chain link, metal posts)	Length x Width x Height (L x W x H)	Total (Qty.)

**3D. Venomous Snake**

Animal Type (Example: Rattlesnake)	Enclosure Type (Ex. Pre-release)	Construction Materials (Ex. Fiberglass, wood, plastic)	Length x Width x Height (L x W x H)	Total (Qty.)

**SECTION 4. Qualified Handler Information**

List the qualified handlers, one of which may be the applicant, for each type of proposed specialty rehabilitation animal. Describe completion of the minimum hours experience with animals in the same taxonomic group or closely related taxa (same Order) as the proposed specialty rehabilitation animal(s) for each qualified handler that is not the applicant. **IMPORTANT:** For an applicant listed as a qualified handler, write "See Section 2. Required Experience" under "Describe Experience".

- ☐ Eagle and/or falcon: At least 2 qualified handlers, 100 hours      ☐ Large carnivore: At least 3 qualified handlers, 300 hours  
☐ Ungulate: At least 2 qualified handlers, 100 hours      ☐ Venomous snake: At least 2 qualified handlers, 80 hours

**4A. Qualified Handlers - Eagle / Falcon**

(1) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
Mailing Address			City		Zip Code
Species / Taxa Worked With			Total Months/Years Experience		Total Hours Experience
Describe experience					
(2) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
Mailing Address			City		Zip Code
Species / Taxa Worked With			Total Months/Years Experience		Total Hours Experience
Describe experience					
(3) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
Mailing Address			City		Zip Code
Species / Taxa Worked With			Total Months/Years Experience		Total Hours Experience
Describe experience					



#### SECTION 4. Qualified Handler Information

##### 4B. Qualified Handlers - Large Carnivore

(1) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
Mailing Address			City		Zip Code
Species / Taxa Worked With			Total Months/Years Experience		Total Hours Experience
Describe experience					

(2) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
Mailing Address			City		Zip Code
Species / Taxa Worked With			Total Months/Years Experience		Total Hours Experience
Describe experience					

(3) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
Mailing Address			City		Zip Code
Species / Taxa Worked With			Total Months/Years Experience		Total Hours Experience
Describe experience					

##### 4C. Qualified Handlers - Ungulate

(1) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
Mailing Address			City		Zip Code
Species / Taxa Worked With			Total Months/Years Experience		Total Hours Experience
Describe experience					

(2) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
Mailing Address			City		Zip Code
Species / Taxa Worked With			Total Months/Years Experience		Total Hours Experience
Describe experience					

(3) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
Mailing Address			City		Zip Code
Species / Taxa Worked With			Total Months/Years Experience		Total Hours Experience
Describe experience					

##### 4D. Qualified Handlers - Venomous Snake

(1) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
Mailing Address			City		Zip Code
Species / Taxa Worked With			Total Months/Years Experience		Total Hours Experience
Describe experience					

(2) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
Mailing Address			City		Zip Code
Species / Taxa Worked With			Total Months/Years Experience		Total Hours Experience
Describe experience					









<input type="checkbox"/>	Data Storage Method (required records): _____
<input type="checkbox"/>	Training Requirements (staff, volunteers): _____
<input type="checkbox"/>	Animal Intake and Triage Protocol for rehabilitation animals. <b>Attach documentation with file name “Animal Intake and Triage Protocol”.</b>
<input type="checkbox"/>	Humane Animal Care Protocol for rehabilitation animal by species or taxa. <b>Attach documentation, with file name “Humane Animal Care Protocol”.</b>
<input type="checkbox"/>	Euthanasia Protocol for specialty rehabilitation animals that includes method(s), carcass disposal, controlled substance storage (if applicable), and list of personnel. <b>Attach documentation with file name “Euthanasia Protocol”.</b>
<input type="checkbox"/>	Biosafety Plan to prevent and control parasites, communicable diseases, vectors and pathogens. <b>Attach documentation, with file name “Biosafety Plan”.</b>
<input type="checkbox"/>	Escape Prevention and Response Protocol for each type of specialty rehabilitation animal. <b>Attach documentation with file name “Specialty Rehabilitation Animal Escape Protocol”</b>
<input type="checkbox"/>	Contingency Plan: List of person, meeting the requirements defined in subsection 679.1 (a)(4), able to provide continuity of care for rehabilitation animals if permittee or designee are no longer able to temporarily possess rehabilitation animals for any reason.

## SECTION 6. Acknowledgement and Signature

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

I certify that:

- ☐ I have read and am familiar with the California wildlife rehabilitation regulations, Sections 671.1 through 679.9, Title 14 of the CCR, and the Native Wildlife Rehabilitation 679 Regulations Manual (form DFW 479). I have read, understand, and agree to abide by all conditions of the permit, the applicable provisions of the Fish and Game Code, and the regulations promulgated thereto. I understand that wildlife remains the property of the State and is subject to control by the State. I understand that my facilities, equipment, and any rehabilitation animals are subject to inspections pursuant to Section 679.7, Title 14, of the CCR.
- ☐ I have not violated any federal statute, regulation, or rule, or law existing in any state or local governing entity related to the temporary possession or rehabilitation of wildlife. I have not been convicted of a crime of moral turpitude. I have not violated any provisions of these regulations, Fish and Game Code Section 1054, or Penal Code Section 597. I am not currently under any Fish and Wildlife license or permit revocation or suspension, and there are no other legal or administrative proceedings pending that would disqualify me from obtaining this permit.
- ☐ 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 any false statement herein may subject me to cancellation of the application, suspension or revocation of my permit, and/or administrative, civil, or criminal penalties.

 Applicant Signature:	Print Name:	Date:
 Qualified Handler Signature:	Print Name:	Date:
 Qualified Handler Signature:	Print Name:	Date:
 Qualified Handler Signature:	Print Name:	Date:
 Qualified Handler Signature:	Print Name:	Date:
 Qualified Handler Signature:	Print Name:	Date:



## INSTRUCTION PAGE

Please allow 60 calendar days for the processing of your application. A person applying for a California specialty rehabilitation authorization under a valid state wildlife rehabilitation permit must pass an online examination provided by the California Department of Fish and Wildlife (Department). Applicants must be 21 years of age or older.

Incomplete applications will be returned and can delay the issuance of a permit. Contact the Department's Wildlife Health Laboratory, Native Wildlife Rehabilitation Program by email at [RehabWildlife@wildlife.ca.gov](mailto:RehabWildlife@wildlife.ca.gov) (preferred) or telephone at (916) 358-2790 if you need additional information regarding wildlife rehabilitation permits.

1. It is mandatory to complete all items, as part of the application process, unless specified as voluntary.
2. Sign and date the application.
3. Submit the application and inspection fee with this application. You must submit a complete application packet, as specified in Section 679.3(a)(6): DFW 480C Specialty Rehabilitation Authorization Application, DFW 481 Veterinarian of Record Agreement, DFW 483 Facility Emergency Action Plan, DFW 484 Authorization to Access to Property, and written documentation that demonstrates the proposed facility is in compliance with all local laws, such as a letter from a local agency with jurisdiction over zoning.
4. Mail this application packet, a copy of your identification, and a cashier's check, money order, personal or business check\*, or credit card authorization form to the California Department of Fish and Wildlife, License and Revenue Branch, PO Box 944209, Sacramento, CA 94244-2090. **DO NOT SEND CASH.**
5. Take the free California state wildlife rehabilitation examination, specialty rehabilitation section, via a password-protected html link provided in writing by the Department. The exam may take up to two hours. If you fail the exam, you may take a new exam no sooner than 30 business days following the date of the failed exam.

## UPON PASSING THE EXAM:

6. Your wildlife rehabilitation facility must pass an inspection by the Department, as specified in Section 679.3(b), before specialty rehabilitation authorization may be issued. The Department will contact you about scheduling an appointment to have your facility inspected.

## IDENTIFICATION REQUIREMENT

Section 700.4(c), Title 14, of the California Code of Regulations (CCR) states any applicant applying for any license, tag, permit, reservation or other entitlement issued via Automated License Data System (ALDS) shall provide valid identification. Acceptable forms of identification include:

- Any license document or Get Outdoors Identification number (GO ID) previously issued via ALDS
- Valid driver's license or identification card issued by the Department of Motor Vehicles or by the entity issuing driver's licenses from the licensee's state of domicile
- US Military Identification Cards (Active or reserve duty, dependent, retired member, discharged from service, medical/religious personnel)
- US Certificate or Report of Birth Abroad
- US Birth Certificate
- Tribal Identification Card, as defined by each sovereign tribal nation
- US Passport
- A foreign government-issued photo identification
- Certificate of Naturalization or Citizenship
- Birth Certificate or passport issued from a US Territory

## NOTICE

**Disclosure Statement**—Under Fish and Game Code (FGC) Sections 395-398 and Section 679.3, Title 14, of the California Code of Regulations, the California Department of Fish and Wildlife is authorized to collect information from applicants to maintain a record of permit. All information requested on this application is mandatory unless otherwise indicated. An applicant's name and city of residence may be provided to the public if requested. Under FGC Section 391, other personal information submitted on this application may be released for law enforcement purposes, pursuant to court order, or for official natural resources management purposes.

## PAYMENT POLICY

**\*Personal or business checks** will be accepted by the Department if name and address are imprinted on the check. Checks returned to the Department due to insufficient funds will render your permit invalid. The Department may also deny the issuance or renewal of any permit if a person has failed to reimburse the Department for the amount due. Any activity performed without a valid permit is a violation of the Fish and Game Code and therefore subject to enforcement action.

**\*\*Credit Cards**—Licenses, permits, tags, stamps, or registrations may be purchased with a Visa or MasterCard.

**\*\*\*Cash** – The Department does not accept cash at its license sales offices.