



State of California - Department of Fish and Wildlife
REQUEST FOR REMOVAL FROM PERMIT
DFW 480D (NEW 04/01/25)

A permittee or their designee may request to the department an amendment to a wildlife rehabilitation permit to remove a designee, sub-permittee, authorized person, or qualified handler from the permit pursuant to subsection 679.9(c), Title 14, California Code of Regulations (CCR). Select the person requested for removal from permit.

☐ **Designee** ☐ **Sub-permittee** ☐ **Authorized Person** ☐ **Qualified Handler**

TYPE OR PRINT CLEARLY.

SECTION 1. Permittee Information				
First Name	M.I.	Last Name	Date of Birth	GO ID # (if applicable)
Mailing Address		City	State	Zip Code
Primary Telephone	Secondary Telephone		Email Address	
Facility Name			County	
Physical Address		City	State	Zip Code

SECTION 2. Request for Removal				
First Name	M.I.	Last Name	Date of Birth	GO ID # (if applicable)
Mailing Address		City	State	Zip Code
Primary Telephone	Secondary Telephone		Email Address	
Physical Address		City	State	Zip Code
Satellite Facility Name (If applicable)			County	
Satellite Facility Telephone	Satellite Facility Email Address		Satellite Facility Website	

SECTION 3. Reason for Request
Check all that apply. A permittee or their designee shall request to the department for amendment of the permit to remove any designee, sub-permittee, authorized person, or qualified handler for any of the following reason(s): no longer able to work or volunteer; relocated; retired; failed an inspection; no longer in good standing; has refused an inspection. A refusal to allow an inspection may be inferred if, after three reasonable attempts by the permittee or their designee to schedule an inspection, the sub-permittee or authorized person is unavailable for an inspection. Attach supporting documentation, as appropriate.
<input type="checkbox"/> No longer able to work/volunteer. List date and brief description: _____
<input type="checkbox"/> Relocated. List date and brief description: _____
<input type="checkbox"/> Retired. List date and brief description: _____
<input type="checkbox"/> Refused three (3) or more inspections. List inspection date(s) and brief description: _____ _____ _____
<input type="checkbox"/> Failed inspection. Attach inspection form. List inspection date(s) and brief description: _____ _____ _____
<input type="checkbox"/> No longer in good standing under permit. Brief description: _____ _____ _____

SECTION 4. 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.
<input type="checkbox"/> 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.
Permittee / Designee Signature: _____
Print Name: _____
Date: _____