



State of California - Department of Fish and Wildlife  
**REQUEST FOR REMOVAL FROM PERMIT**  
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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) of Title 14, California Code of Regulations (CCR). A permittee, their designee, or sub-permittee shall notify the department within 30 calendar days of any changes to Veterinarian of Record pursuant to subsection 679.4(a) of Title 14, CCR. Select the person requested for removal from the permit.

- Designee**     **Sub-permittee**     **Authorized Person**     **Qualified Handler**     **Veterinarian of Record**

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, their designee, or sub-permittee shall notify the department within 30 calendar days of any changes to Veterinarian of Record for any reason. A valid and accurate Veterinarian of Record shall be listed on a permit and sub-permit at all times. 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). Attach supporting documentation, as appropriate.

- No longer able to work/volunteer. List date and brief description: \_\_\_\_\_
- Relocated. List date and brief description: \_\_\_\_\_
- Retired. List date and brief description: \_\_\_\_\_
- Refused three (3) or more inspections. List inspection date(s) and brief description: \_\_\_\_\_
- Failed inspection. Attach inspection form. List inspection date(s) and brief description: \_\_\_\_\_
- 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.

- 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 / Sub-Permittee / Designee Signature:	Print Name:	Date:
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