



A permittee, their sub-permittee, or designee may approve at their sole discretion, and under their supervision, an authorized person to temporarily confine a rehabilitation animal at a location other than the wildlife rehabilitation facility or satellite facility. TYPE OR PRINT CLEARLY. ATTACH SUPPLEMENTAL PAGE(S) AS NEEDED.

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

SECTION 2. Authorized Person(s) Information

Describe the completion of at least 40 hours of animal care, husbandry, and handling experience for each authorized person. List the enclosure type(s) (neonate, limited mobility, pre-release conditioning) and rehabilitation animal(s) to be allowed onsite.

(1) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
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Physical Address	City	Zip Code
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Describe experience

Total Hours Experience	Rehabilitation Animal(s) Allowed	Enclosure Type(s)
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(2) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
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Physical Address	City	Zip Code
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Describe experience

Total Hours Experience	Rehabilitation Animal(s) Allowed	Enclosure Type(s)
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(3) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone
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Physical Address	City	Zip Code
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Describe experience

Total Hours Experience	Rehabilitation Animal(s) Allowed	Enclosure Type(s)
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SECTION 3. 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 required records, enclosures, and 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 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:
Authorized Person Signature:	Print Name:	Date:
Authorized Person Signature:	Print Name:	Date:
Authorized Person Signature:	Print Name:	Date:



SUPPLEMENTAL PAGE: Each authorized person must complete the Acknowledgement and Signature section of this form.

SECTION 2. Authorized Person(s) Information						
Describe the completion of at least 40 hours of animal care, husbandry, and handling experience for each authorized person. List the enclosure type(s) (neonate, limited mobility, pre-release conditioning) and rehabilitation animal(s) to be allowed onsite.						
(1) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone	
Physical Address			City		Zip Code	
Describe experience						
Total Hours Experience	Rehabilitation Animal(s) Allowed			Enclosure Type(s)		
(2) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone	
Physical Address			City		Zip Code	
Describe experience						
Total Hours Experience	Rehabilitation Animal(s) Allowed			Enclosure Type(s)		
(3) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone	
Physical Address			City		Zip Code	
Describe experience						
Total Hours Experience	Rehabilitation Animal(s) Allowed			Enclosure Type(s)		
(4) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone	
Physical Address			City		Zip Code	
Describe experience						
Total Hours Experience	Rehabilitation Animal(s) Allowed			Enclosure Type(s)		
(5) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone	
Physical Address			City		Zip Code	
Describe experience						
Total Hours Experience	Rehabilitation Animal(s) Allowed			Enclosure Type(s)		
(6) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone	
Physical Address			City		Zip Code	
Describe experience						
Total Hours Experience	Rehabilitation Animal(s) Allowed			Enclosure Type(s)		
(7) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone	
Physical Address			City		Zip Code	
Describe experience						
Total Hours Experience	Rehabilitation Animal(s) Allowed			Enclosure Type(s)		
(8) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone	
Physical Address			City		Zip Code	
Describe experience						
Total Hours Experience	Rehabilitation Animal(s) Allowed			Enclosure Type(s)		
(9) First Name	M.I.	Last Name	Date of Birth	Email Address	Telephone	
Physical Address			City		Zip Code	
Describe experience						
Total Hours Experience	Rehabilitation Animal(s) Allowed			Enclosure Type(s)		