



State of California - Department of Fish and Wildlife
WILDLIFE REHABILITATION SUB-PERMIT APPLICATION
DFW 480B (NEW 04/01/25) Page **1 of 6**

A permittee shall abide by all laws and regulations related to the possession of wildlife and wildlife rehabilitation. A permittee may request approval from the department to add a sub-permittee to their permit no sooner than 12 months from date the permit was issued by the department.

☐ **New Sub-Permit** **Sub-Permit Renewal** **Sub-Permit Amendment**
SEE INSTRUCTION PAGE. TYPE OR PRINT CLEARLY.

SECTION 1. Permittee 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

SECTION 2. Sub-Permittee Information				
First Name	M.I.	Last Name	Date of Birth	GO ID #
Mailing Address		City	State	Zip Code
Primary Telephone	Secondary Telephone		Email Address	
Satellite Facility Name				County
Physical Address		City		Zip Code
Satellite Facility Telephone	Satellite Facility Email Address		Satellite Facility Website	

2A. Experience and Training				
Completion of at least 500 hours of animal care, husbandry, and handling experience under the supervision of a California permitted wildlife rehabilitator, their sub-permittee, or designee 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 150 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.				
(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				



SECTION 2. Sub-Permittee Information

2B. Education / Certification

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

SECTION 3. Public Contact Information (Check all that Apply)

Satellite facility contact information to be posted on the CDFW Wildlife Rehabilitation Program webpage as a public resource.

- ☐ Facility Name ☐ Physical Address ☐ County/City ☐ Telephone Number ☐ Email Address ☐ Website
☐ Type of Wildlife Accepted ☐ Other: _____ ☐ Do Not Share

SECTION 4. Proposed Rehabilitation Animals

Amphibians, Reptiles, Mammals, Birds: Indicate each of the species or taxa of wildlife that you propose to temporarily possess at a facility for the purpose of rehabilitation and release to the wild under a CDFW Wildlife Rehabilitation Permit. Attach additional page(s) as needed. IMPORTANT: A U.S. Fish and Wildlife Service (USFWS) migratory bird rehabilitation permit is required *prior* to possessing a wild bird for the purpose of rehabilitation in California.

- ☐ No USFWS Permit ☐ USFWS Permit #: _____ Expiration Date: _____
☐ USFWS Permit [In Progress] Application Date: _____ Comment: _____

4A. Amphibians and Reptiles

<input type="checkbox"/> Frog, Treefrogs	<input type="checkbox"/> Newts, Salamanders	<input type="checkbox"/> Lizards	<input type="checkbox"/> Tortoises
<input type="checkbox"/> Toads	<input type="checkbox"/> Other _____	<input type="checkbox"/> Non-Venomous Snakes	<input type="checkbox"/> Turtles

4B. Mammals

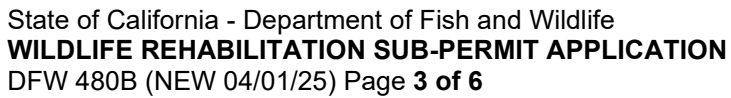
Carnivora	Carnivora	Didelphimorphia	Rodentia
<input type="checkbox"/> Badger	<input type="checkbox"/> Marten	<input type="checkbox"/> Opossum	<input type="checkbox"/> Squirrel, ground
<input type="checkbox"/> Bobcat	<input type="checkbox"/> Raccoon	Eulipotyphla (Insectivora)	<input type="checkbox"/> Squirrel, tree
<input type="checkbox"/> Coyotes	<input type="checkbox"/> Ringtail	<input type="checkbox"/> Moles, shrews	<input type="checkbox"/> Marmot
<input type="checkbox"/> Ermine, mink, weasel	<input type="checkbox"/> River otter	Lagomorpha	<input type="checkbox"/> Muskrat
<input type="checkbox"/> Fisher	<input type="checkbox"/> Skunk	<input type="checkbox"/> Hares, rabbits	<input type="checkbox"/> Native mouse, vole, rat
<input type="checkbox"/> Fox, gray	<input type="checkbox"/> Wolverine	Rodentia	<input type="checkbox"/> North American beaver
<input type="checkbox"/> Fox, kit	Chiroptera	<input type="checkbox"/> Chipmunk	<input type="checkbox"/> North American
<input type="checkbox"/> Fox, Sierra Nevada red	<input type="checkbox"/> Bats	<input type="checkbox"/> Squirrel, flying	<input type="checkbox"/> Pocket gopher

4C. Birds, excluding waterbirds

Accipitriformes	Columbiformes	Caprimulgiformes	Piciformes
<input type="checkbox"/> Hawks, various species	<input type="checkbox"/> Native dove, pigeon	<input type="checkbox"/> Poorwill, nighthawk, nightjar	<input type="checkbox"/> Woodpeckers
<input type="checkbox"/> Hawks, sharp-shinned	Cuculiformes	Passeriformes	Strigiformes
<input type="checkbox"/> Northern Harrier	<input type="checkbox"/> Cuckoo, yellow-billed	<input type="checkbox"/> Bushtits	<input type="checkbox"/> Owl, various species
<input type="checkbox"/> Osprey	<input type="checkbox"/> Roadrunners	<input type="checkbox"/> Crows	<input type="checkbox"/> Owl, Burrowing
<input type="checkbox"/> Turkey Vulture	Falconiformes	<input type="checkbox"/> Grackles	<input type="checkbox"/> Owl, Western Screech
Apodiformes	<input type="checkbox"/> American kestrel	<input type="checkbox"/> Jays, magpies	Galliformes
<input type="checkbox"/> Hummingbirds	<input type="checkbox"/> Kite	<input type="checkbox"/> Ravens	<input type="checkbox"/> Quail
<input type="checkbox"/> Swifts	<input type="checkbox"/> Merlin	<input type="checkbox"/> Swallows	<input type="checkbox"/> Sage grouse

4D. Waterbirds, excluding pool-only waterbirds

Anseriformes	Charadriiformes	Coraciiformes	Pelecaniformes
<input type="checkbox"/> Dabbling Ducks	<input type="checkbox"/> Jaegers, skuas	<input type="checkbox"/> Kingfishers	<input type="checkbox"/> Bittern, egret, heron
<input type="checkbox"/> Native geese, swans	<input type="checkbox"/> Plovers, sandpipers	Gruiformes	<input type="checkbox"/> Ibis, Stork
Charadriiformes	<input type="checkbox"/> Oystercatcher, skimmers	<input type="checkbox"/> Coots	<input type="checkbox"/> Frigatebirds
<input type="checkbox"/> Gulls	<input type="checkbox"/> Shorebirds, various species	<input type="checkbox"/> Cranes	<input type="checkbox"/> Pelicans
<input type="checkbox"/> Terns	<input type="checkbox"/> Phalaropes, Wilson's	<input type="checkbox"/> Rails	Suliformes
			<input type="checkbox"/> Cormorants



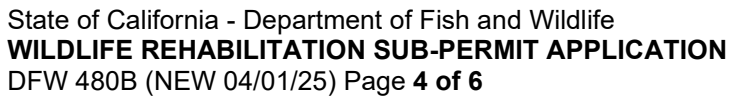
4E. Pool-Only Waterbirds

SECTION 5. Declaration of Enclosures

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

5B. Mammals

[illegible]



5C. Birds, excluding waterbirds

5D. Waterbirds, excluding pool-only waterbirds

5E. Pool-Only Waterbirds

[illegible]



SECTION 6. Facility Operation Protocols

- ☐ Data Storage Method (required records). Briefly Describe: _____
- ☐ Training Requirements (staff, volunteers). Briefly Describe: _____
- ☐ Animal Intake and Triage Protocol for rehabilitation animals pursuant to subsection 679.5(b)(1). **Attach documentation, titled "Animal Intake and Triage Protocol".**
- ☐ Humane Animal Care Protocol for rehabilitation animals by species or taxa pursuant to subsection 679.5(a). **Attach documentation, titled "Humane Animal Care Protocol".**
- ☐ Euthanasia Protocol for rehabilitation animals that includes method(s), carcass disposal, controlled substance storage (if applicable), and list of personnel pursuant to subsection 679.5(e). **Attach documentation, titled "Euthanasia Protocol".**
- ☐ Biosafety Plan to prevent and control parasites, communicable diseases, vectors and pathogens pursuant to subsection 679.5(a)(5). **Attach documentation, titled "Biosafety Plan".**
- ☐ Contingency Plan: Person able to provide continuity of care for rehabilitation animals if permittee is no longer able to temporarily possess rehabilitation animals for any reason, and meeting the requirements defined in subsection 679.1(a)(4).

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	

SECTION 7. 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.

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



INSTRUCTION PAGE

Please allow 60 calendar days for the processing of your application. A person applying for a California wildlife rehabilitation permit for the first time or renewing a permit that has lapsed for at least 60 calendar days must pass an online examination provided by the California Department of Fish and Wildlife (Department). Applicants must be 21 years of age or older to be issued a sub-permit under a valid wildlife rehabilitation permit. There is no application fee.

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 (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 a complete application packet, as specified in Section 679.3(c)(1): DFW 480B Sub-Permit Application, DFW 481 Veterinarian of Record Agreement, DFW 482 List of Persons, 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. Email the complete application packet to the California Department of Fish and Wildlife, Wildlife Health Laboratory, Native Wildlife Rehabilitation Program to RehabWildlife@wildlife.ca.gov.
5. DO NOT send a cashier's check, money order, personal or business check, or credit card authorization form.
6. Take the free California state wildlife rehabilitation examination 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:

7. Your satellite facility must pass an inspection, as specified in Section 679.3(c)(2), before a sub-permit may be issued.

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.