State of California – Department of Fish Wildlife
AUTHORIZATION TO ACCESS PROPERTY
DFW 484 (NEW 08/01/25)

SAVE PRINT CLEAR

The department may conduct a scheduled inspection of any wildlife rehabilitation facility, satellite facility, enclosure, equipment, required record, or any rehabilitation animal or part of a rehabilitation animal temporarily confined by or in the possession of a permittee or their sub-permittee, designee, authorized person, or qualified handler for any other purpose during a reasonable time of the day and any day of the week when such person is present. Wildlife remains the property of the State and is subject to control by the State.

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

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 (if applicable)	COUNTY

FACILITY TELEPHONE (if applicable)	FACILITY EMAIL ADDRESS (if applicable)	FACILITY WEBSITE (if applicable)

PHYSICAL ADDRESS	CITY	ZIP CODE

Section 2. Property Owner Information

FIRST NAME	M.I.	LAST NAME	☐ Owner ☐ Authorized Agent

MAILING ADDRESS	CITY	STATE	ZIP CODE

PRIMARY TELEPHONE	SECONDARY TELEPHONE	EMAIL ADDRESS

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 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 statue, 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:

Property Owner/Authorized Agent Signature:	Print Name	Date: