VIRGINIA DEPARTMENT OF WILDLIFE RESOURCES WILDLIFE REHABILITATOR PERMIT APPLICATION (33 - RHAB)

(Under Authority of §29.1-412, § 29.1-417 of the Code of Virginia and 4-VAC 15-30-50 of the Virginia Administrative Code)

Non-refundable Application Fee: **\$10.00**

PERMIT:NEV	RENEWAL (Check One)	Previous VDWR Permit #
Mr. Mrs.	Ms. Miss.	
	ANT:	
TWIND OF THE LICE		
MAILING ADDRES		
	(Street, Post Office Box, or I	
CI'.	G	COUNTY:
City	State 2	Zip
ate of Birth:	Last four of SSN:	Last four of Driver's Lic#:
EMAIL ADDRESS		
	BERS: *Primary Contact # for the DV	
*For Category IIA/III	•	TRANSIE.
Name of Business, O	rganization or Affiliation:	
	f Facility, if Different From Address:	
Location & County of	Tracinty, if Different From Address.	
		COUNTY
*Briafly Describe Vo	our Facilities:	
Briefly Describe 10	racinites.	
For Category I/IIA/III		
Permit Applied for: (Check One)	
Cat I;Cat I	I-A;Cat II-B;Cat IIIA;C	Cat IIIB;Cat IV;Cat V
If Category I, pleas	e have your sponsor complete the	signature box below:
I am willing to serve as the	MENT FROM SPONSOR/FACILIT e sponsor (for Category I rehabilitators) or facility per e professional assistance in the rehabilitation of wildlif	mittee (for Category IV rehabilitators) for the above-named rehabilitator and
Name of Sponsor (please	se <u>prin</u> t full name and then <u>sign</u>)	Signature of Sponsor
Address (Street, City, State	e, ZIP Code, and Phone Number)	Phone Number
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*If you are using a hotline #, you MUST provide the hotline operator with a # to reach you.

Continuing Education requirements (All, to include renewals, must complete Annex A below.)

	ENED STATEMENT FROM VE e a working relationship with the above-named n		e professional assistance in t	he rehabilitation of wildlife.
Nan	ne of Veterinarian (please <u>print</u> full nar	me and then sign)	Sign	nature of Veterinarian
Add	lress (Street, City, State, ZIP Code, and	1 Phone Number)		hone Number
M				
eterii	narian's signature is REQUIRE	ED for all Cat II and Cat III		
	animals You Are Prepared to Reha		ble)	
List Y If you a Fede work provi water reque If a C II-A,	woodchucks). Proof of current im Your Federal Permit Number I do not have a current federal perioderal Special Purpose Rehabilitation with migratory birds and waterforded with EACH renewal applications, their sponsor for I's, or the posting that the Category I or IV be Category II-A or II-B, list the national up to 20 for Category II-B).	mit number, and you wish to re on Permit and submit a copy of wl. A copy of the Federal Sp ation. For Category I's and IV ermittees for whom they are as covered by their federal permi me and address of each Category	chabilitate migratory this permit to VDV ecial Purpose Reha 's to be allowed to a sisting for IV's, must to rehabilitate mig gory I under your su onal Category II-B)	birds, the applicant must obtain VR prior to being permitted to abilitation Permit MUST be rehabilitate migratory birds and st contact the USFWS in writing ratory birds and waterfowl.
1.	Name		Telephone	
	Address			Zip
2.	Name		Telephone	
	Address			Zip
3.	Name		Telephone	
	Address			 Zip
	Nomo			Zip
4.	Name		Telephone	
4.	Address		Telephone	
 4. 5. 			Telephone	

- I will file with the Virginia Department of Wildlife Resources, a complete annual report of all animals/birds rehabilitated as required by this permit, and as specified on the reporting form, no later than February 1st annually. I understand the regulations governing wildlife rehabilitation and agree to the terms and conditions as provided and will abide by the Code of Ethics.
- I recognize that this permit is conditional based on my full compliance with all pertinent community, military base, city or county ordinances where my facility resides.

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11/6/2023

Signature of Applicant	
By my signature above, I hereby certify that all entries made on this application are true and and understand that any falsification of information herein, regardless of time of discoveror revocation of my permit. TYPED SIGNATURE IS AUTHORIZED AND BIND VIRGINIA §59.1, CHAPTER 42.1, ET SEQ.	ry, may result in denial
NOTE: ANY INCOMPLETE APPLICATIONS WILL BE IMMEDIATELY R	ETURNED TO THE
APPLICANT. Make non-refundable application fee check payable to: TREASURER OF VIRGIN Virginia Department of Wildlife Resources Permits Section P. O. Box 3337 Henrico, VA 23228 804-367-6913	√IA and return to:
Permit Will Expire January 31 regardless of when issued.	

ANNEX A CONTINUING EDUCATION UNIT RECORD

Subject Title	Type of Media (Video, class, book, article)	Description of Subject Matter	Hours	CE Credits Requested	Instructor or Media Author
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