

Arizona Game and Fish Dept.	FOR DEPARTMENT USE ONLY		
	Date Received	Region	
	Date Reviewer Received		
azgfd.gov	Review Completion Date		
	Applicant Approved	Partial	Denied
	Approved Agents Yes	No	# of Agents
<u>PLEASE PRINT OR TYPE</u>			
	Valid From	To	
Social Security Number is voluntary-to be used for Sportsman's Database Only			

APPLICATION FOR WILDLIFE REHABILITATION LICENSE

FEE: NONE

CIRCLE ONE: NEW or RENEWAL

Renewals may only be requested for permits that were active during the previous licensing period.

Name Date of Birth Phone
 Address City State Zip
 Department ID Number/SSN: Email
 Gender Height Weight Eyes Hair

Location where wildlife will be held:

Facility Name: Phone
 Address City State Zip
 Township Range Section

If this is a renewal application: Applicant's Initials

By initialing, I affirm that all requested authorizations are unchanged from the previous licensing period and that the proposal and other supportive materials detailed below were submitted with my previous application and remain true and correct.

Wildlife to be rehabilitated: Circle all appropriate groups

Raptors (orders Falconiformes or Strigiformes) Amphibians

Quails (order Galliformes) Reptiles

Doves (order Columbiformes) Nongame mammals

Hummingbirds (order Trochiliformes) Bats

Passerine birds (order Passeriformes) Big game mammals (except cervids)

Non_passerine birds (birds not listed above) Carnivores

Threatened & Endangered Species: List species Wildlife of Special Concern in Arizona: List species

List the individual species you wish to rehabilitate (if not listed above or you do not want to rehabilitate an entire group):

Attachments: Additional information required under R12-4-423

The following information should only be required if this is a new application or you are applying for additional species/types and or you have modified your facilities.

Provide documentation proving the applicant has one or more of the following: a valid, current license to practice as a veterinarian; **OR** a minimum of six months (8 hours or more per week) of applicable experience in wildlife rehabilitation; **OR** a current state or Federal Wildlife Rehabilitation License.

Provide documentation proving the applicant has, within the past five years, answered correctly 80% of the questions on a Department administered test relating to wildlife rehabilitation and related aspects of wildlife biology, captivity standards, safety considerations, and rules R12-4-

409, R12-4-423, and R12-4-428. **Date of Exam** **Subject**
Score

Date of Exam	<input type="text"/>	Subject	<input type="text"/>	Score	<input type="text"/>
Date of Exam	<input type="text"/>	Subject	<input type="text"/>	Score	<input type="text"/>

Department Representative who evaluated and scored the test(s)

Provide one or more of the following: a typed, signed statement that the applicant is a licensed veterinarian; **OR** a typed, signed statement from the Adobe Mountain Wildlife Center Coordinator that the Center shall assist the applicant in providing rehabilitative care to the wildlife held; **OR** a typed, signed statement from a licensed, practicing veterinarian that they shall reasonably be available to render veterinary services as needed by the licensee.

If rehabilitating migratory birds, evidence that the applicant is at least 18 years old. If not, the parent or legal guardian must cosign the application and the signature must be notarized.

The applicant shall provide a typed, computer or word processor printed, or legibly hand-written narrative statement describing all of the following: preferred methods of disposition, the applicant's training and experience handling, capturing, rehabilitating and caring for wildlife listed under section D(5)(e).

Detailed descriptions or diagrams of all rehabilitation facilities in which wildlife would be held (including the facilities of all agents please attach this information to the agent's application).

A description of how the applicant's facilities comply with captivity standards in this rule and R12-4-428. (including the agent's facilities. This applies to any new agents that the applicant is requesting to be added, and/or changes in existing facilities of the applicant and/or current authorized agents if this is a renewal request).

Applications: Applications should be submitted to the region where you intend to conduct this activity, except in Region VI applications should be submitted to the **Adobe Mountain Wildlife Center**.

Signature of applicant: By signing below, you certify that the information provided is true and correct to your knowledge; you are applying for this license for the sole purpose of restoring wildlife to the wild through rehabilitative activities; you understand that all wildlife held under this license remains property of the state and shall be returned to the Department upon request; that you are solely responsible for all expenses incurred and all actions taken under the license, including all actions and omissions of all agents and assistants when they are performing activities authorized under the license; you shall conduct rehabilitation at the location listed above; you meet the criteria as outlined in R12-4-423; that your privilege to take and possess wildlife is not under suspension or revocation by any state or the government of the United States, and you have read and understand the information provided in this packet.

APPLICANT SIGNATURE: I certify the above is true and correct.

Date

Approved By

Date