



**Application
Wildlife Rehabilitation Permit
Fee: \$0 (22.42)
2-Year
Permit expires December 31.**

Mark the appropriate space, then read and follow the instructions:

- () **New Application:** Complete the entire Applicant Information box, sign, date and submit.
- () **Renewal:** Complete the entire Applicant Information block and Sections F, G, H, I, & J; then include any other changes or additions where appropriate; sign, date and submit.

- Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned. **PROCESSING TIME:** Allow thirty (30) days.
- SLAP Entity ID (Special Permit and License ID) - New applicants SLAP ID will be assigned when the permit is issued.
- Federal Tax ID or SSN only required for new applicants.

INSTITUTION OR BUSINESS ENTITY INFORMATION- (Institution or business entity the permit is for.)

INSTITUTION OR BUSINESS ENTITY NAME: (If same as responsible party indicate SAME)			SLAP Entity ID
MAILING ADDRESS:			FEDERAL TAX ID:
CITY:	STATE:	ZIP:	E-MAIL ADDRESS:
PHYSICAL ADDRESS:			
CITY:	STATE:	ZIP:	TELEPHONE:

RESPONSIBLE PARTY– Person responsible for permit

NAME [LAST]		[FIRST]	[MIDDLE]	SLAP Entity ID
MAILING ADDRESS:				SSN
CITY:	STATE:	ZIP:	E-MAIL ADDRESS:	
PHYSICAL ADDRESS:				
CITY:	STATE:	ZIP:	TELEPHONE:	
HEIGHT:	WEIGHT:	HAIR:	EYES:	GENDER:
DRIVER'S LICENSE NUMBER		STATE:		DATE ISSUED:
OCCUPATION:		EMPLOYER:		
WORK ADDRESS:				

Sections A - L. (Use additional sheets if you need more room, reference the Section, and attach to the application)

A. Provide the physical address (street & town/city) or legal description (where no address exists) for each location where the facilities to rehabilitate wildlife will be located:

1. _____
2. _____
3. _____

B. Which specific species or taxa of wildlife are you requesting to rehabilitate?

1. I wish to rehabilitate only the following species: _____

OR

2. Taxa: Amphibians
 Reptiles
 Birds other than eagles, hawks and owls
 Eagles, hawks and owls
 Mammals
 Black bear (NOTE: Special facilities are required for bear, mountain lion, & bobcats)
 Mountain lion
 Bobcat

C. Provide a detailed description of the experience which you have in working with each taxa or species requested above in section B, including, but not limited to: (Complete #1., #2., & #3, below)

1. Previous experience, which can be verified (provide names & phone #'s), in rehabilitating wildlife:

2. Assistance to a person (*provide name & phone #*) who holds a current license or permit to rehabilitate wildlife:

3. Assistance to a licensed veterinarian (*name & phone no.*) who has routinely worked on wildlife:

D. ___Yes. ___No. Do you currently hold a rehabilitation license or permit in another state? If "Yes", list the name of each state:

E. ___Yes. ___No. Have you held a similar license or permit in another state? If "Yes", list the name of each state:_____

F. ___Yes. ___No. Within the 5 years preceding the date of this application, have you been convicted of violating the wildlife laws or regulations of any state or the U.S. Fish and Wildlife Service? If "Yes" but you did report this on your last application, go to #G. If "Yes", but you did not previously report this, provide the information below (*list all convictions*):

Date convicted:_____ Where convicted:_____

Convicted of:_____

G. ___Yes. ___No. Is your privilege to rehabilitate wildlife revoked or suspended in any other state? If "Yes", list the state(s): _____

H. ___Yes. ___No. Is your privilege to rehabilitate wildlife revoked or suspended by the U.S. Fish & Wildlife Service? If "Yes", list the beginning and ending dates of revocation/suspension:_____

I. Provide the name, physical address and telephone number of each person who will routinely transport wildlife or assist you at the facility (or facilities) where the wildlife will be rehabilitated:

Name:_____ Phone:(_____)_____

Address:_____

Name:_____ Phone:(_____)_____

Address:_____

Name:_____ Phone:(_____)_____

Address:_____

J. Provide the name, business address, telephone number and signature of the practicing veterinarian, licensed in this state, who will examine, diagnose and perform veterinary services on and, if required, euthanize the injured, ill orphaned or otherwise debilitated wildlife:

Veterinarian's Name:_____

Business Address:_____

Business Telephone:(_____)_____

Veterinarian's Signature:_____

- K. Attach or enclose a copy of your federal permit, issued by the U. S. Fish & Wildlife Service, if you are presently rehabilitating or proposing to rehabilitate migratory birds. (or indicate if the permit is pending)
- L. Attach a complete description, including a diagram, of the holding facilities, cages or aquaria that will be used to confine the wildlife. (Disregard this if you are renewing and there are no taxa or facility changes)
- M. ATTACH one of the following:
 1. Documentation which substantiates that you have at least 2 years of practical experience working with a licensed rehabilitator; OR
 2. A letter which is written by a licensed veterinarian who is experienced in the care of wildlife and which substantiates the qualifications of the applicant to rehabilitate wildlife.

I, the signator, in signing this application, hereby state that I am entitled to this permit under the laws of the State of Nevada and that no false information or false statement has been made by me to obtain this license.

Signature of Applicant

Date

Submit your completed application to:
 Nevada Department of Wildlife
 License Office – Rehabilitation Permit Application
 6980 Sierra Center Pkwy, Ste-120
 Reno, NV 89511

FOR DEPARTMENT USE ONLY

Department Representative: _____

Date Received: _____

Date Approved: _____

Date Returned for Additional Information: _____

Date Disapproved: _____

Letter Sent: _____

REASON FOR DISAPPROVAL: