



APPLICATION Captive License for Holding

Please do not submit this application until facilities are ready to be inspected.

Please complete all applicable sections of this application and return to the address listed below. Incomplete applications will be returned.

7/17

Section I: Applicant's Information

Applicant's Name _____ Date of Birth(required): _____
 (Last) (First) (M. Initial)

Resident Address _____
 (Street) (City) (State) (Zip Code)

Mailing Address _____
 (if different from resident) (PO Box or Street) (City) (State) (Zip Code)

Facility Location _____
 (if different from resident) (Street) (City) (State) (Zip Code)

Organization Affiliation _____
 (County)

Telephone #: () _____ Email: _____

Captivity Information:

Purpose: Educational Scientific Exhibition Other: _____

Species	Quantity	Source

**** Attach additional pages as needed ****

*A valid Federal Migratory Bird Permit must be obtained from the U.S. Fish & Wildlife Service before a state Wildlife Captivity License may be issued.

Please attach a copy of your Federal Migratory Bird Permit

Is your facility complete and ready for inspection? Yes No (If no, please do not submit this application until the facility is ready for inspection)

Check box if you would like to have your contact information published on the NCWRC website.

I hereby certify that all information contained herein is accurate and truthful to the best of my knowledge. I have read and understand the rules and statutes pertaining to the possession of wildlife in North Carolina, under 15A NCAC 10H .0301, 10H .0303 and G.S. § 113-272.5(a) & 113-275, and agree to abide by these regulations. I understand that if I am issued a Wildlife Captivity License for the purpose of Rehabilitation I will be responsible for the humane and ethical treatment of all wildlife obtained under that license and that additional state licenses may be required. I also understand that the Commission may revoke my license at any time and confiscate all wildlife in my possession should I violate any of these regulations or the conditions listed on my license.

Applicant's Signature: _____ Date: _____

Make check or money order for \$7.00 payable to NCWRC. Price includes \$2.00 transaction fee as mandated by GS 113-270.1B.

A service charge of up to \$25 will be charged on returned checks (GS 25-3-506). Mail completed application with fee to:

NC Wildlife Resources Commission License Section
1707 Mail Service Center, Raleigh, NC 27699-1700
1(888) 248-6834 www.ncwildlife.org

Section II: Plan of Action for Control of Insects, and Ectoparasites: (Required)

What methods will be used to control odor? _____

What physical/mechanical measures will be used to control the exposure of animals to insects and ectoparasites?

Please fill out the following chart regarding information on any drug(s)/chemical(s) that will be used to control insects and ectoparasites. Please use additional pages as needed:

Name of Drug(s)/Chemical(s)	What will the Drug(s)/Chemical(s) be Applied to	How will They be Administered	How Often will They be Administered	Withdrawal Period*
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			

*Withdrawal period: the time required after administration of a drug to assure that the drug residues remaining in the animal are not harmful to humans if consumed.

Prescribing Veterinarian Information (Name, Phone): _____

Section III: Plan of Action for Control of Disease: (Required only if you do not complete Section IV)

What physical methods will be implemented to control disease? _____

Please fill out the following chart regarding information on any drug(s)/chemical(s) that will be used to control disease. Please use additional pages as needed:

Name of Drug(s)/Chemical(s)	What will the Drug(s)/Chemical(s) be Applied to	How will They be Administered/Applied	How Often will They be Administered/Applied	Withdrawal Period*
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			
	<input type="checkbox"/> Animal <input type="checkbox"/> Enclosure			

*Withdrawal period: the time required after administration of a drug to assure that the drug residues remaining in the animal are not harmful to humans if consumed.

Prescribing Veterinarian Information (Name, Phone): _____

