



APPLICATION Wildlife Rehabilitator License

Please do not submit this application until facilities are ready to be inspected.
Failure to have your facilities completed may result in a Denial and a 2 year wait period before reapplication.

4/14

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|--|--------------------------------------|-----------------------------------|-------------------------------------|------------|
| Applicant's Name _____ Telephone # (____) _____ | | | | |
| (Last) | (First) | (M. Initial) | | |
| Physical Address _____ | | | | |
| (Street) | (City) | (State) | (Zip Code) | |
| Organization Affiliation _____ | | | | |
| (County) | | | | |
| Mailing Address _____ | | | | |
| (if different from above) | (Street) | (City) | (State) | (Zip Code) |
| Date of Birth _____ | Email _____ | | | |
| Wildlife Rehabilitation Information: | | | | |
| Categories of animals and birds that you would like to rehabilitate (<i>Check all that apply</i>): | | | | |
| <input type="checkbox"/> Mammals | <input type="checkbox"/> Song Birds* | <input type="checkbox"/> Raptors* | <input type="checkbox"/> Waterfowl* | |
| <input type="checkbox"/> Reptiles | <input type="checkbox"/> Other _____ | | | |
| <i>*A valid Federal Migratory Bird Permit for rehabilitation must be obtained from the U.S. Fish & Wildlife Service before a state Wildlife Rehabilitation License may be issued.</i> | | | | |
| Please include the permit number here: _____ | | | | |
| If you are interested in fawn rehabilitation, please visit http://www.ncwildlife.org/Licensing/OtherLicensesPermits/FawnRehabilitationPermit.aspx to obtain application. | | | | |
| Can you provide or do you have access to veterinary care for sick or injured wildlife? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Animal care training (list briefly and include a copy of any certifications): _____ | | | | |
| Do you currently have facilities that meet the Commission's facility requirements for rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Check if you would like your contact information removed from our website | | | | |
| ** Attach additional pages as needed ** | | | | |
| <i>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</i> | | | | |
| Applicant Signature: _____ | Date: _____ | | | |

Send completed application with a check or money order for \$5.00 plus \$2.00 for the transaction fee made payable to:

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