

(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)

PERMIT:     **NEW**     **RENEWAL** (Check One)      Previous VDWR Permit #                 

NAME OF APPLICANT: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ COUNTY: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four of SSN: \_\_\_\_\_ Last four of Driver's Lic#: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

TELEPHONE NUMBERS: \*Primary Contact # for the DWR Website: \_\_\_\_\_

**\*For Category IIA/IIB/IIIA/IIIB ONLY**

Home and/or Cell #: \_\_\_\_\_

Name of Business, Organization or Affiliation: \_\_\_\_\_

Location & County of Facility, if Different From Address: \_\_\_\_\_

COUNTY

\*Briefly Describe Your Facilities: \_\_\_\_\_

**\*For Category I/IIA/IIB/IIIA/IIIB ONLY**

Permit Applied for: (Check One)

\_\_\_\_ Cat I; \_\_\_\_ Cat II-A; \_\_\_\_ Cat II-B; \_\_\_\_ Cat IIIA; \_\_\_\_ Cat IIIB; \_\_\_\_ Cat IV; \_\_\_\_ Cat V

If Category I, please have your sponsor complete the signature box below:

I am willing to serve as the sponsor for Category I rehabilitators for the above-named rehabilitator and will be available to provide professional assistance in the rehabilitation of wildlife.

Signature of Sponsor

Phone Number

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

**SIGNED STATEMENT FROM VETERINARIAN (DVM)**

I have a working relationship with the above-named rehabilitator and will be available to provide professional assistance in the rehabilitation of wildlife.

Name of Veterinarian (please print full name and then sign) \_\_\_\_\_

Signature of Veterinarian \_\_\_\_\_

Address (Street, City, State, ZIP Code, and Phone Number) \_\_\_\_\_

Phone Number \_\_\_\_\_

Veterinarian's signature is **REQUIRED** for all Cat II and Cat III

List Animals You Are Prepared to Rehabilitate (be as specific as possible) \_\_\_\_\_

NOTE: Only pre-immunized handlers will be permitted to handle highest-risk rabies animals (raccoons, skunks, foxes, bats, woodchucks). Proof of current immunization must be provided with the application.

**List Your Federal Permit Number** \_\_\_\_\_

If you do not have a current federal permit number, and you wish to rehabilitate migratory birds, the applicant must obtain a Federal Special Purpose Rehabilitation Permit and submit a copy of this permit to VDWR prior to being permitted to work with migratory birds and waterfowl. **A copy of the Federal Special Purpose Rehabilitation Permit MUST be provided with EACH renewal application.** For Category I's and IV's to be allowed to rehabilitate migratory birds and waterfowl, their sponsor for I's, or the permittees for whom they are assisting for IV's, must contact the USFWS in writing requesting that the Category I or IV be covered by their federal permit to rehabilitate migratory birds and waterfowl.

If a Category II-A or II-B, list the name and address of each Category I under your supervision (up to 5 for Category II-A, and up to 20 for Category II-B). (Use a separate sheet for additional Category II-B)

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_
2. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_
3. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_
4. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_
5. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

- 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 1<sup>st</sup> 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.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

By my signature above, I hereby certify that all entries made on this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may result in denial or revocation of my permit. TYPED SIGNATURE IS AUTHORIZED AND BINDING PER CODE OF VIRGINIA §59.1, CHAPTER 42.1, ET SEQ.

**NOTE: ANY INCOMPLETE APPLICATIONS WILL BE IMMEDIATELY RETURNED TO THE APPLICANT.**

Make non-refundable application fee check payable to: **TREASURER OF VIRGINIA** and return to:  
Virginia Department of Wildlife Resources  
Permits Section  
P. O. Box 3337  
Henrico, VA 23228  
804-367-6913

**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