



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

DIVISION OF LAW ENFORCEMENT



JOINT STATE/FEDERAL SPECIAL PURPOSE PERMIT APPLICATION FOR WILDLIFE AND MIGRATORY BIRD REHABILITATION

620 South Meridian Street
Tallahassee, FL 32399-1600

<p>1. Applicant Name: _____ Address (w/zip): _____ _____ Phone: _____ Institution Represented: _____</p>	<p>7. Provide documentation of one year of experience (consisting of no less than 1,000 hours) in the care of sick, injured or orphaned wildlife. Please attach additional sheet(s) if necessary. This is to include the specific experience acquired and the dates and location(s). If you lack the required experience, you must pass a written examination with a score of at least 80 percent. Please check one:</p> <p style="text-align: center;"><input type="checkbox"/> Documentation Attached <input type="checkbox"/> Must Take Exam</p>																		
<p>2. If the applicant is an individual, complete the following:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">Mr.</td> <td style="width: 10%;">Mrs.</td> <td style="width: 10%;">Miss</td> <td style="width: 10%;">Ms.</td> <td style="width: 15%;">Height</td> <td style="width: 15%;">Weight</td> </tr> <tr> <td colspan="3">Date of Birth</td> <td colspan="3">Social Security Number</td> </tr> <tr> <td colspan="2">Color of Hair</td> <td colspan="2">Color of Eyes</td> <td colspan="2">Occupation</td> </tr> </table>	Mr.	Mrs.	Miss	Ms.	Height	Weight	Date of Birth			Social Security Number			Color of Hair		Color of Eyes		Occupation		<p>8. Describe briefly the types of holding facilities, cages or enclosures that you maintain:</p>
Mr.	Mrs.	Miss	Ms.	Height	Weight														
Date of Birth			Social Security Number																
Color of Hair		Color of Eyes		Occupation															
<p>3. If applicant is a public agency, business, corporation or institution, explain type or kind:</p>	<p>9. <u>Attach a letter</u> from a veterinarian who will assist you by providing consulting and referral services: Name: _____ Address: _____ Phone: _____</p>																		
<p>4. Name, title and phone number of the president, principle officer or director:</p>	<p>10. Estimate the maximum number and type(s) of wildlife and migratory birds you are equipped to handle at any one time:</p>																		
<p>5. If applicant is a corporation, indicate state in which it is incorporated:</p>	<p>11. Your expected disposition of permanently impaired or deceased migratory birds:</p>																		
<p>6. Desired effective date of permit and duration needed:</p>																			
<p>12. <u>Attach a letter</u> of reference from two (2) individuals, one of whom shall be a permitted rehabilitator, who is familiar with your stated experience to care for sick and injured wildlife. Upon receipt of you application, we will review it and contact you regarding any additional requirements; or if necessary the time and place of the next scheduled examination.</p>																			
<p><u>Certification</u></p>																			
<p>I hereby certify that I have read and I am familiar with the regulations contained of my knowledge and belief. I understand that my false statement herein may subject me to the criminal penalties or 18 U.S.C., 1001 and Rule 68A-5.004, F.A.C.</p>																			
<p>_____</p> <p>Date of Application</p>	<p>_____</p> <p>Signature of Applicant</p>																		