



FEDERAL FISH AND WILDLIFE LICENSE/PERMIT APPLICATION FORM

RETURN TO:
Migratory Bird and Eagle Permit Office
(Address and Telephone No.)

Type of Activity:
Special Purpose - Rehabilitation

A. COMPLETE IF APPLYING AS AN INDIVIDUAL			
1. Name:			
2. Street address:			3. County:
4. City, State, Zip Code:			
5. Date of Birth:	6. Social Security no.:	7. Occupation:	
8. List any business, agency, organizational, or institutional affiliation associated with the wildlife to be covered by this license or permit:			
9. Home telephone number:	10. Work telephone number:	11. Fax Number:	12. E:mail address:

B. COMPLETE IF APPLYING AS A BUSINESS, CORPORATION, PUBLIC AGENCY OR INSTITUTION			
1. Name of business, agency or institution:			2. Tax identification no.:
3. Street address:			4. County:
5. City, State, Zip Code:			
6. Describe the type of business, agency, or institution:			
7. Name and title of person responsible for permit (president, principal officer, director, etc.):			
8. Home telephone number:	9. Work telephone number:	10. Fax number:	11. E:mail address:

C. ALL APPLICANTS COMPLETE	
1. Do you currently have or have you had any Federal Fish and Wildlife License Permit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list license or permit numbers:	
2. Have you obtained any required state or foreign government approval to conduct the activity you propose? Yes <input type="checkbox"/> No <input type="checkbox"/> Not required <input type="checkbox"/> If yes, provide a copy of the license or permit.	
3. Enclose check or money order payable to the U.S. FISH AND WILDLIFE SERVICE in the amount of \$25 Institutions which qualify under 50 CFR 13.11(d)(3) may be exempt from fees.	
4. ATTACHMENTS: Complete the additional pages of this application. Application will not be considered complete without these pages. Incomplete applications may be returned.	
5. CERTIFICATION: I hereby certify that I have read and am familiar with the regulations contained in Title 50, Part 13, of the Code of Federal Regulations and the other applicable parts in subchapter B of Chapter I of Title 50, and I further certify that the information submitted in this application for a license or permit is complete and accurate to the best of my knowledge and belief. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. 1001.	
6. Signature (in ink) of applicant or person responsible for permit in Block A or B	7. Date:

Information Sheet

Special Purpose - Rehabilitation

50 CFR 21.27

In order to expedite the processing of your application for a Special Purpose - Rehabilitation Permit, make sure you include the following with your completed Fish and Wildlife License/Permit Application, Form 3-200-10b.

Special Purpose - Rehabilitation Permits are available from the Fish and Wildlife Service, but are only issued to individuals and/or organizations that have the required training, expertise, facilities, and access to a licensed veterinarian.

1. Describe in detail your experience and training as a rehabilitator of migratory birds. Include a list of migratory birds you have worked with and the treatment provided. If your experience includes working with other rehabilitators, you must provide a letter from each rehabilitator stating their knowledge of your experience.
2. Describe facilities to be used for rehabilitation. Include diagrams (including dimensions) and photographs of facilities. Each diagram must indicate what type of housing and the kind of flooring that is used. Also, you must indicate what species will be housed in each diagram. If you wish to rehabilitate raptors, you must include photographs of your flight cage or provide a letter from another rehabilitator who is willing to allow you the use of their flight cage. Indicate what diet will be used to feed each species and your food source.
3. Include a statement or letter of recommendation from a Federally licensed rehabilitator that reflects their knowledge of your training and/or qualifications relating to migratory birds and their willingness to provide you with assistance.
4. Submit a letter from your local State Conservation officer or game warden indicating there is a demonstrated need for a migratory bird rehabilitator in your area.
5. Submit a letter from a licensed veterinarian who has agreed to work with you in your rehabilitation efforts by providing any required medical assistance. If this veterinarian has knowledge of your training and/or qualifications to do rehabilitation work with birds, it should also be addressed in this letter.
6. Enclose a copy of a current State permit authorizing you to engage in rehabilitation work involving migratory birds.
7. Include a letter from a public educational or scientific institution, including name, address and permit number (if applicable), that will receive birds which die while in captivity or that can accept nonreleaseable migratory birds.
8. Identify the location where records will be kept.
9. Give names and addresses of anyone who will be assisting you. They must possess a permit or be listed as a subpermittee under your permit, in addition to having appropriate State authorization. If the subpermittee will be handling birds without the primary applicant on site, you must describe in detail their experience. Applicants and subpermittee(s) must be at least 18 years of age. If your subpermittee will be authorized to rehabilitate migratory birds at a different location they must complete a Form 3-200-10b and provide specific information on their facilities and experience (subpermittees may be required to maintain their own permits).
10. List telephone number, including area code, where you can be reached between 8:00 a.m. and 5:00 p.m.

There is no charge for this permit.

The public reporting burden for these reporting requirements is estimated to be 2.5 hours, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the forms. Comments regarding the burden estimate or any other aspect of the reporting requirement(s) should be directed to the Service Information Collection Clearance Officer, MS 224 ARLSQ, Fish and Wildlife Service, Washington, D.C. 20240, or the Office of Management and Budget, Attention: Desk Officer for the Department of the Interior, Washington, D.C. 20503.

An agency may not conduct and a person is not required to respond to a collection of information unless a currently valid OMB control number is displayed.