

**Maine Department of Inland Fisheries and Wildlife**  
**284 State Street, 41 State House Station**  
**Augusta, ME 04333**  
**287-2766**

**Application for Wildlife Rehabilitation Permit**

Name \_\_\_\_\_ / /  
Last First MI Date of Birth

Mailing Address \_\_\_\_\_  
Street P.O. Box  
\_\_\_\_\_  
City State Zip County

Contact Information \_\_\_\_\_  
Phone Email (if available)

*During the application process, there is a significant amount of materials that we will send you (study guide, test bank, etc.). In an effort to minimize paper waste, please answer the following:*

Can you receive basic correspondence at the above email address?	Yes	No
Can you download large files in the form of email attachments?	Yes	No
Can you utilize application materials that are sent on CD?	Yes	No
Can you view/download materials available on the Internet	Yes	No
Do you require hardcopy materials, due to technological limitations?	Yes	No

If you are a licensed DVM, please check here \_\_\_\_\_

1) Location of rehabilitation facility: please provide simple directions from nearest landmark and address if different than above. This information will be presented in a list available to the public. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Have you been convicted of any fish or wildlife violations, or felony charges? Yes No  
If yes, please explain: \_\_\_\_\_

3) Do you hold a valid federal special purpose permit or rehabilitation permit? List type, number, and period covered. \_\_\_\_\_  
\_\_\_\_\_

4) We encourage wildlife rehabilitators to become involved in relevant professional organizations because they provide access to current information and resources for continuing education. Are you associated with any organization associated with wildlife rehabilitation and/or protection? If so, please list. \_\_\_\_\_  
\_\_\_\_\_

5) Please describe any previous experience you have had dealing with wildlife. \_\_\_\_\_

\_\_\_\_\_

6) List the types of wildlife you intend to provide rehabilitation (small mammals, large mammals, small birds, raptors, etc.). \_\_\_\_\_

\_\_\_\_\_

7) List any areas of expertise or specialized experience that you possess. \_\_\_\_\_

\_\_\_\_\_

8) List any Department wardens or wildlife biologists with whom you have had contact regarding wildlife rehabilitation. \_\_\_\_\_

\_\_\_\_\_

9) List any domestic or exotic animals that you currently care for or intend to care for. \_\_\_\_\_

\_\_\_\_\_

**I understand that as a wildlife rehabilitator permitted by the state of Maine, I must:**

- 1) Hold a valid federal permit to possess or hold in captivity any migratory bird (as defined by the USFWS), or endangered species under federal jurisdiction;
- 2) Maintain a full and accurate record of all animals cared for under this permit and submit a summary to MDIFW in Augusta by January 31 of each year;
- 3) Release all wildlife taken under this permit within 6 months of captivity, unless specifically waived by the department;
- 4) Notify the Department within 48 hours, of any threatened or endangered species taken into my custody;
- 5) Allow MDIFW personnel to visit and inspect facilities;
- 6) Not accept wild deer or moose for rehabilitation if domestic Cervids are or have been kept at my facility; and
- 7) Not use rehab animals as exhibit animals under any circumstances.

I further agree and understand that all rules and regulations applying to wildlife rehabilitation must be followed, and standards established by the Department must be observed or I may risk the revocation of my permit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**- OFFICE USE ONLY -**

Exam Location \_\_\_\_\_ Exam Date \_\_\_\_\_ Score \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Permit Information/Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_