Application for Wildlife Rehabilitation Permit

Name _________________________ _____________________ _____ ___/___/___
Last     First    M I   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. ______________________________________________________
____________________________________________________________________________

(Please continue on reverse side)
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 ____________________

- OFFICE USE ONLY -

Exam Location ___________________________ Exam Date ____________ Score ______
Interviewed by: ________________________________________________________________
Permit Information/Results: ______________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________