



APPLICATION FOR WILDLIFE REHABILITATION PERMIT

INSTRUCTIONS

- 1. Print or type all information.
- 2. Return completed application to Permits Coordinator, Maryland Department of Natural Resources, 580 Taylor Avenue, Annapolis MD 21401 and contact this office at (410) 260-8546, if you have any questions.

NAME _____ (First)
_____ (M.I.) _____ (Last)

STREET _____ CITY _____

COUNTY _____ STATE _____ ZIP _____

PHONE NUMBER (HOME) _____ (WORK) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ AGE _____

DO YOU CURRENTLY HOLD ANY OTHER STATE OR FEDERAL LICENSES OR

PERMITS? _____ YES _____ NO

If yes, list type of license and permit numbers _____

CLASS APPLIED FOR _____ APPRENTICE _____ MASTER

If applying for an apprenticeship, please have sponsor certify below.

APPLICANT'S CERTIFICATION: I hereby certify that I understand the federal and state laws and regulations on wildlife rehabilitation and that the information given here is true and correct to the best of my knowledge.

Signature of applicant _____ Date _____

SPONSOR'S CERTIFICATION: I hereby certify that I am a master wildlife rehabilitator with permit no. _____ and that I have agreed to sponsor the above-named individual as an apprentice wildlife rehabilitator.

Printed name of sponsor _____ Phone number _____

Signature of sponsor
CHECK ONE OF THE FOLLOWING TO COMPLY WITH

MARYLAND'S WORKMEN COMPENSATION ACT (ARTICLE 1-401).

I AM:

- SUPPLYING DNR WITH A CERTIFICATE OF INSURANCE.
- SUPPLYING DNR WITH INSURANCE BINDER NUMBER _____
- SELF-EMPLOYED OR EMPLOY ONLY FAMILY MEMBERS, AND THEREFORE I AM NOT REQUIRED TO COMPLY WITH THIS LAW.