

Notice: Wildlife rehabilitation licenses are valid for 3 years from the date of issuance. Information requested on this form is required to apply for a wildlife rehabilitation license under s. 169.24, Wis. Stats., and subchapter II of NR 19, Wis. Adm. Code, and will be used to update the Department's wildlife rehabilitation database and administer wildlife rehabilitation licenses. Information collected may be provided to requesters as required by Wisconsin's Open Records law [ss.19.31 - 19.39, Wis. Stats.]. Pursuant to ss. 169.34 and 169.35, Wis. Stats., a social security number is required when applying to renew any license issued under ch. 169, Wis. Stats., but it cannot be disclosed by the Department to anyone except the Department of Workforce Development or the Department of Revenue.

Instructions: Please complete and return this form to the address listed above.

Wildlife Rehabilitator Information

Name	Current License #	Social Security #	
Home Address	City	State	ZIP
Phone	Email		
Would you like to renew your wildlife rehabilitation license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If you answered No , please skip to the Certification portion of this form)

Are you interested in sponsoring/mentoring new rehabilitators? Yes No

Facility Information (if different from home address)

Facility Name
Facility Address
Facility Phone

Have there been any significant changes or modifications to your facility since your last inspection? If so, please describe. (Attach separate sheet and/or photographs, if necessary)

Veterinarian Information (if changed since initial application)

Veterinarian Name	Clinic Name		
Clinic Address	City	State	ZIP
Phone	Email		

Wildlife Rehabilitation License Renewal Application

Form 2300-318 (5/09)

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Permit/License Information

Check any permits/licenses that you currently possess and provide the license/permit number and expiration date for each:

- | | | |
|---|-----------------------|-------------|
| <input type="checkbox"/> Federal Rehabilitation Permit | Permit #: _____ | Exp.: _____ |
| <input type="checkbox"/> Federal Education Permit | Permit #: _____ | Exp.: _____ |
| <input type="checkbox"/> Federal Bird Banding Permit | Permit #: _____ | Exp.: _____ |
| <input type="checkbox"/> Captive Wild Animal Farm License | License #: _____ | Exp.: _____ |
| <input type="checkbox"/> Nonprofit Educational Exhibitors License | License #: _____ | Exp.: _____ |
| <input type="checkbox"/> Endangered and Threatened Species Permit | Permit #: _____ | Exp.: _____ |
| <input type="checkbox"/> Falconry Permit | Permit #: _____ | Exp.: _____ |
| <input type="checkbox"/> Scientific Collectors Permit | Permit #: _____ | Exp.: _____ |
| <input type="checkbox"/> Salvage Permit | Permit #: _____ | Exp.: _____ |
| <input type="checkbox"/> DATCP Deer Farm Registration | Registration #: _____ | Exp.: _____ |
| <input type="checkbox"/> State Taxidermy Permit | Permit #: _____ | Exp.: _____ |

Species Information

Check each species category you rehabilitate at your facility:

- | | | |
|---|---|--|
| <input type="checkbox"/> Opossum | <input type="checkbox"/> Hoofed | <input type="checkbox"/> Long-legged Wader |
| <input type="checkbox"/> Insectivore | <input type="checkbox"/> Reptile | <input type="checkbox"/> Other Waterbirds |
| <input type="checkbox"/> Rodent/Rabbit | <input type="checkbox"/> Amphibian | <input type="checkbox"/> Eagle |
| <input type="checkbox"/> Large Carnivore (wolf, bear, coyote) | <input type="checkbox"/> Passerine | <input type="checkbox"/> Raptor |
| <input type="checkbox"/> Raccoon | <input type="checkbox"/> Waterfowl | <input type="checkbox"/> Upland Bird |
| <input type="checkbox"/> Other Carnivore | <input type="checkbox"/> Short-legged Wader | <input type="checkbox"/> Other, specify: _____ |

Volunteer Information

Do you have volunteers working under your license? Yes No

Names and Addresses if Volunteers (Attach separate sheet, if necessary)

Certification

I hereby certify that the information provided above is true and correct. I understand that providing incorrect information may result in revocation of my license and possible penalties.

Wildlife Rehabilitator Signature

Date Signed

DNR Use Only

Approval Signature

Position

Date Signed