



FEDERAL FISH AND WILDLIFE PERMIT APPLICATION FORM

Migratory Bird Rehabilitation
(Migratory Bird Treaty Act, 50 CFR 21.76)
U.S. Fish and Wildlife Service
Division of Migratory Bird Management



TYPE OF REQUEST

New Application

Renewal

Amendment

BEFORE FILLING OUT THIS FORM, please access the [Return Addresses](#) (to obtain the email/postal mail addresses where this form can be returned); and read the [Permit Information](#), [Frequently Asked Questions](#), and form [Instructions](#). Please retain the "NOTICES" page for your records.

If requesting a renewal or amendment, provide Permit # _____

Complete Sections A or B, and C, D, and E of this application. U.S. address may be required in Section C, see instructions for details. **See instruction page(s) for information on how to make your application complete and help avoid unnecessary delays.**

| A. Complete if applying as an individual | | | |
|---|-----------------------|---------------------------------|---------------------|
| 1.a. Last name | 1.b. First name | 1.c. Middle name or initial | 1.d. Suffix |
| 2. Date of birth (mm/dd/yyyy) | 3.a. Telephone number | 3.b. Alternate telephone number | 3.d. E-mail address |

| B. Complete if applying on behalf of a business, corporation, public agency, Tribe, or institution | | | |
|---|-----------------------------------|--|------------------------------|
| 1.a. Name of business, agency, Tribe, or institution | | 1.b. Doing business as (dba) | |
| 2. Tax identification no. | | 3. Description of business, agency, or institution | |
| 4.a. Principal officer Last name | 4.b. Principal officer First name | 4.c. Principal officer Middle name/ initial | 4.d. Suffix |
| 5. Principal officer title | | 6. Primary contact name | |
| 7.a. Business telephone number | 7.b. Alternate telephone number | 7.c. Business fax number | 7.d. Business e-mail address |

| C. All applicants complete address information | | | | | |
|---|------------|----------------------------|----------------------|--------------|--|
| 1.a. Physical address (Street address; Apartment #, Suite #, or Room #; no P.O. Boxes) | | | | | |
| 1.b. City | 1.c. State | 1.d. Zip code/Postal code: | 1.e. County/Province | 1.f. Country | |
| 2.a. Mailing Address (include if different than physical address; include name of contact person if applicable) | | | | | |
| 2.b. City | 2.c. State | 2.d. Zip code/Postal code: | 2.e. County/Province | 2.f. Country | |

| D. All applicants MUST complete | |
|---|--------------------------------|
| 1. A nonrefundable processing fee is required to process this permit, please attach check or money order payable to the U.S. FISH AND WILDLIFE SERVICE. Federal, Tribal, State, and local government agencies, and those acting on behalf of such agencies, are exempt from the processing fee – Please see details regarding fee exempt status as outlined in 50 CFR 13.11(d) . See important permit details including regulations and fee amount | |
| 2. Do you currently have or have you ever had any Federal Fish and Wildlife permits? Yes No If yes, list the number of the most current permit you have held or that you are applying to renew/re-issue: | |
| 3. 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 certify that the information submitted in this application for a 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. | |
| Signature of applicant/Principal Officer (No stamped signatures. Electronic signatures accepted.) | Date of signature (mm/dd/yyyy) |

Please continue to next page



FEDERAL FISH AND WILDLIFE PERMIT APPLICATION FORM
Rehabilitation
(Migratory Bird Treaty Act, 50 CFR 21.76)
U.S. Fish and Wildlife Service
Division of Migratory Bird Management



NOTE: A Federal Rehabilitation permit is required to acquire, temporarily possess, or transport sick and injured migratory birds, restore them to health, and release them back to the wild. Birds undergoing rehabilitation may not be displayed to the public. Permits are available to individuals and organizations with appropriate facilities as described in the NWRA/IWRC Minimum Standards for Wildlife Rehabilitation (2000 version) and demonstrated experience in rehabilitating migratory birds. You must be at least 18 years old to apply for a migratory bird permit. Please read "[Frequently Asked Questions](#)" and the pertinent regulations before you sign and submit your application.

Please provide the information requested below. If additional information needs to be provided that does not fit in the designated spaces, add additional sheets to your application submission. You may use as many additional sheets as needed. Please number pages accordingly using the page number box provided at the bottom of the sheet, and the corresponding question number.

You should be as thorough and specific as possible in your responses. Incomplete applications will be returned.

As the permittee, you are legally responsible for ensuring that your subpermittees, staff, and volunteers adhere to the terms of your permit. For each location requested, a subpermittee must be identified. Falconers acting as subpermittees must either be listed on the permit or have a subpermittee designation letter.

FOR RENEWAL APPLICATIONS: Please answer the application questions 2(b); 2(d); 3; 4 & 5 ONLY if change in Principal Officer and/or Qualified Rehabilitator/Primary Caretaker; 6-8; 10; and 12-16 in Section E below in addition to filling out Sections A-D above. All information must be provided, required reporting must be up to date (use report form [3-202-4](#)), and processing fees paid, or the renewal will not be processed.

SECTION E

Questions

1) What species groups and level of care are you requesting authorization for?

| Species Group | Restricted Care | Limited Care | Unlimited Care |
|---------------|-----------------|--------------|----------------|
| Eagles | | | |
| Raptors | | | |
| Songbirds | | | |
| Seabirds | | | |
| Waterbirds | | | |
| Waterfowl | | | |

2) Attachments - In additions to this form, you should also attach the following to complete your application:

- a) A letter of recommendation from a federally permitted rehabilitator familiar with your training and experience. Also attach a letter from a federally permitted rehabilitator stating his or her willingness to provide you with assistance. If these are the same individual, a single letter may be submitted.
- b) A letter from a licensed veterinarian stating their willingness to work with you by providing any necessary veterinary assistance.
- c) If you are renewing your permit, include your current annual report ([Form 3-202-4](#)) with your application.
- d) Attach photographs and diagrams of your permanent facilities/enclosures for housing migratory birds (both indoor and outdoor). Diagrams must include dimensions (length, width, and height) and a description of interior and exterior construction materials, such as flooring and netting materials. Indicate the species or type of species that will be housed in each. Also provide a description of the interior and exterior construction and housing materials, such as flooring, netting, perching, and watering materials. Criteria used for evaluating and/or inspecting your facilities will be based on the [National Wildlife Rehabilitators Association \(NWRA\) and International Wildlife Rehabilitation Council's \(IWRC\) Minimum Standards for Wildlife Rehabilitation 2000 Third Edition.](#)

Section E. Rehabilitation

3) Any permit issued as a result of this application is not valid unless you also have any required State or tribal permits or approvals associated with the activity. Have you obtained all required State or tribal permits or approvals to conduct this activity?

Yes, Have Attached

None Required

4) Describe in detail your experience and training, including the source and the duration, in treating and rehabilitating migratory birds. (You must have at least 100 hours of hands-on experience rehabilitating the types of migratory birds you intend to rehabilitate (e.g., wading birds, raptors), or other comparable training and experience.)

a) List the species you have worked with and the approximate number of hours or years of experience in handling, capturing, and restraining

b) List the species you have worked with and the approximate number of hours or years of experience in transporting

c) List the species you have worked with and the approximate number of hours or years of experience in providing daily care and feeding; and

d) List the species you have worked with and the approximate number of hours or years of experience. Please also describe the types of medical treatments and management of injuries you have provided.

5) Provide the name, address, and telephone number of the federally authorized facility where your experience was obtained. If you are using training in lieu of up to 20 experience hours, include the course/seminar, provider/instructor, number of hours, and date completed.

6) Describe your rehabilitation facilities for restricted, limited, and unlimited care, including photographs, LxWxH dimensions, and a description of interior and exterior construction materials, such as flooring, netting, perching and watering materials.

7) Describe how and where birds will be conditioned for release. If you will use creance flying, describe in detail the techniques you will use and your experience with these techniques. List two references, including contact information, familiar with your creance experience. At least one reference must be an individual outside of your organization.

8) Location(s): Provide the physical address where rehabilitation will occur. If you are requesting authorization to rehabilitate at multiple locations, provide the following information: subpermittee name; physical address; age; phone number; description of their migratory bird rehabilitation experience; type of species they will care for; type of care they will provide; diagrams (width, length, and height dimensions) and photographs of their facilities. Off-site subpermittees caring for young songbirds/passerines may also be required to include enclosure information.

9) Describe the diet you will administer for each group of species you propose to rehabilitate, and indicate your food source.

10) Anyone who will be assisting you with the permitted activities or acting as your agent must either have their own Federal migratory bird permit for the activity or be identified by you, in writing, as a subpermittee under your permit. They may also require a State permit. Subpermittees must be at least 18 years old. As the primary permittee, you will be responsible for ensuring that your subpermittees are properly trained and adhere to the terms of your permit. Provide the name of any subpermittees who will be conducting activities under your permit. Any individual(s) regularly transporting birds directly to your facility or from your facility directly to another facility must either be listed under your permit as a subpermittee or possess their own rehabilitation permit.

11) Provide the name and telephone number of your State Wildlife Law Enforcement contact.

12) You must retain records legibly written or reproducible in English relating to the activities conducted under your permit for at least 5 years after the date of expiration of your permit. The records must include the date each bird is received, type of injury or illness, disposition, and date of disposition. Is the physical address you provided in Section C on page 1 of this application the address where your records will be kept?

Yes

No If "no", provide
the physical address

13) If you are operating as a private individual, as opposed to a business or nonprofit organization, indicate if the Service may include your name, address, and telephone number in a public list of permitted migratory bird rehabilitators?

Yes (I am operating as a private individual and you may post my contact information)

No (I am operating as a private individual and you may not post my contact information)

Not Applicable (I am operating as a nonprofit organization, business, agency, or other institution.)

14) Disqualification factor. Have you, the permittee, or your client (if a broker on behalf of your client):

- **Been assessed a civil penalty or convicted of any criminal provision of any statute or regulation relating to the activity for which the application is filed (50 CFR 13.21(b) (1));**
- **Been convicted, or entered a plea of guilty or nolo contendere, for a felony violation of the Lacey Act, the Migratory Bird Treaty Act, or the Bald and Golden Eagle Protection Act. (50 CFR 13.21 (c)(1));**
- **Had a permit revoked within the last five years for willfully violating any Federal or State statute or regulation, or any Indian tribal law or regulation, or any law or regulation of any foreign country, which involves a violation of the conditions of the permit or of the laws or regulations governing the permitted activity (50 CFR 13.28 (a)(1)) or failing to correct deficiencies that were the cause of a permit suspension within 60 days (50 CFR 13.28 (a)(2)).**

Answer "yes" if ANY of the events listed immediately above have occurred. Answer "no" if none of the events listed immediately above have occurred.

Yes

No

If you answered "Yes", provide: a) the individual's name; b) date of conviction, civil penalty assessment or revocation; c) charge(s), or reason(s) for revocation; d) location of the incident; e) court (if applicable, ticket, federal/state/tribal court etc.); and f) legal action taken for each violation (i.e. fine, incarceration, probation...). Please be aware that a "Yes" response does not automatically disqualify you from getting a permit.

15) Are you eligible for Fee Exempt Status? Fee exempt status applies to government agencies (Federal, State, Tribal, and municipal governments). Applicants acting on behalf of such agencies must submit a letter on agency letterhead and signed by the head of the unit of government for which the applicant is acting on behalf, confirming that the applicant will be carrying out the permitted activity for the agency, or the agencies tax exempt form.

Yes - Government Agency

Yes - Acting on behalf of Government Agency
Documentation Included

No - not eligible for Fee Exempt Status

16) I acknowledge that I have read the [Permit Information](#), form [Instructions](#), and [Frequently Asked Questions](#); and have accessed the page with the [Return Addresses](#) to obtain the address where I should return this form. I have also filled out all fields and questions in this application. Check this box to acknowledge:

NOTICES

PRIVACY ACT STATEMENT

Authority: The information requested is authorized by the following: the Bald and Golden Eagle Protection Act (16 U.S.C. 668), 50 CFR 22; the Endangered Species Act (16 U.S.C. 1531-1544), 50 CFR 17; the Migratory Bird Treaty Act (16 U.S.C. 703-712), 50 CFR 21; the Wild Bird Conservation Act (16 U.S.C. 4901-4916), 50 CFR 15; the Lacey Act: Injurious Wildlife (18 U.S.C. 42), 50 CFR 16; Convention on International Trade in Endangered Species of Wild Fauna and Flora (TIAS 8249), 50 CFR 23; General Provisions, 50 CFR 10; General Permit Procedures, 50 CFR 13; and Wildlife Provisions (Import/export/transport), 50 CFR 14.

Purpose: The collection of contact information is to verify the individual has an eligible permit to conduct activities that affect protected species. The information the individual provides helps the FWS monitor and report on protected species and assess the impact of permitted activities on the conservation and management of species and their habitats.

Routine Uses: The collected information may be used to verify an applicant's eligibility for a permit to conduct activities with protected wildlife; to provide the public and the permittees with permit related information; to monitor activities under a permit; to analyze data and produce reports to monitor the use of protected wildlife; to assess the impact of permitted activities on the conservation and management of protected species and their habitats; and to evaluate the effectiveness of the permit programs. More information about routine uses can be found in the System of Records Notice, Permits System, FWS-21.

Disclosure: The information requested in this form is voluntary. However, submission of requested information is required to process applications for permits authorized under the listed authorities. Failure to provide the requested information may be sufficient cause for the U.S. Fish & Wildlife Service to deny the request.

PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*), the U.S. Fish and Wildlife Service collects information necessary to monitor take and disposition of migratory birds, under the applicable laws governing the requested activity, for which a permit is requested, and to respond to requests made under the Freedom of Information Act and the Privacy Act of 1974. Information requested in this form is purely voluntary. However, submission of requested information is required in order to process applications for permits authorized under the above laws. Failure to provide all requested information may be sufficient cause for the U.S. Fish and Wildlife Service to deny the request. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1018-0022.

ESTIMATED BURDEN STATEMENT

We estimate public reporting for this collection of information averages:

Original submission - paper-based: 12 hours
Amended submission - paper-based: 8 hours
Original submission - electronic: 8 hours
Amended submission - electronic: 6 hours

These estimates include time for reviewing instructions, gathering and maintaining data and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the form to the Service Information Clearance Officer, Fish and Wildlife Service, U.S. Department of the Interior, 5275 Leesburg Pike, MS: PRB (JAO/3W), Falls Church, VA 22041-3803, or via email at Info_Coll@fws.gov. **Please do not send your completed form to this address.** Questions regarding migratory bird permits should be sent to the appropriate regional (contact information can be found at <https://www.fws.gov/program/migratory-bird-permit/contact-us>).

FREEDOM OF INFORMATION ACT

For organizations, businesses, or individuals operating as a business (i.e., permittees not covered by the Privacy Act), we request that you identify any information that should be considered privileged and confidential business information to allow the Service to meet its responsibilities under FOIA. Confidential business information must be clearly marked "Business Confidential" at the top of the letter or page and each succeeding page and must be accompanied by a non-confidential summary of the confidential information. The non-confidential summary and remaining documents may be made available to the public under FOIA [43 CFR 2.26 – 2.33].