Department of Land and Natural Resources
Division of Forestry and Wildlife

Wildlife Rehabilitation Permit Application

See attached instruction page for information on how to complete this application and help avoid unnecessary delays.

Return to: Hawaii Division of Forestry and Wildlife
Administration Office – Permitting
1151 Punchbowl Street Rm. 325
Honolulu, Hawaii 96813

Application Date: _____ **New Permit_____ Renewal_____**

Previous Permit No._____

Complete if applying as an individual

Name (First, Middle, Last) and Title of Principal Permittee

_____

Date of Birth (mm/dd/yyyy) **Affiliation/ Doing business as:**

_____

Physical Address:

_____

Mailing Address:

_____

E-mail Address

_____

Telephone Number _____Fax Number _____

Complete if applying on behalf of a business, corporation or public agency or institution

Name of business, agency, or institution

Tax identification no. **Description of business, agency, or institution**

Principal Officer Name (First, Middle, Last)

Principal Officer title **Primary Contact**

Business telephone number **Alternate number** **Business Fax**

Business Email address

Physical Address (Street Address, apartment #, Suite #, Room# -No PO Boxes)

Mailing Address (include if different from physical address; include name of contact person if applicable)

All applicants MUST complete

Certification: I herby certify that I have read and am familiar with the Wildlife Rehabilitation Permit regulations and 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 HRS §183D-5.

Signature **(in blue or black ink)** of applicant/person responsible for permit Date

STATE OF HAWAII PROTECTED WILDLIFE PERMIT FOR WILDLIFE REHABILITATION

Note: A State Protected Wildlife Permit for Wildlife Rehabilitation is required to keep and maintain indigenous wildlife, introduced wild birds, game birds, or game mammals in captivity for the protection, treatment for injury or disease propagation, and other similar purposes consistent with the preservation, protection, and conservation of the animals (HRS §183D- 61, HAR§13-124-4). Applicants must be at least 18 years of age and Hawaii residents. Note that you may not take possession of any protected wildlife prior to the issuance of your permit.

Please provide the following information on a separate piece of paper:

1. IDENTIFY SPECIES AND NUMBER

a. List the common and scientific names(s) of the species you propose to rehabilitate
b. If known, provide the status (endangered (E) or threatened (T), migratory (M))

2. EXPERIENCE

a. Describe in detail your rehabilitation experience, including the amount of time spent handling and caring for each species you propose to rehabilitate.
b. Provide the name, address, and telephone number of the facilities where your experience was obtained.

3. PERMANENT FACILITIES

a. Describe your facilities (incubators, cages, pens, kennels, etc). Attach photographs and diagrams of your facilities and enclosures. Diagrams must include dimensions (length x width x height) and a description of the materials used for construction. Indicate the type of species that will be housed in each enclosure along with flooring and netting materials used.
b. All facilities maintained for wildlife rehabilitation purposes should meet the minimum standards prescribed for such facilities by the National Wildlife Rehabilitators Association and the International Wildlife Rehabilitation Council. Furthermore, the Division may specify individual caging requirements on a case-by-case basis. Are you prepared to have your facility inspected by the Division?

4. TRANSPORTATION

a. Describe how you will transport live wildlife should the need arise. What type of enclosures will you use for each species during transport? Include the dimensions of your transport enclosures (l x w x h).

5. AFFILIATIONS

a. Are you affiliated with the International Wildlife Rehabilitation Council or the National Wildlife Rehabilitators Association? If so please provide your membership number.

6. DIET

a. Provide a detailed description of the diet you will administer for each species and the source of the food items.

7. SUB-PERMITTEES

a. Provide the full name and birthdate of anyone besides yourself who will be conducting activities under your permit. For anyone handling and caring for protected wildlife briefly describe his or her activities and qualifications. Note that anyone who will be assisting you with the permitted activities or acting as your agent either must have their own State permit for the activity or be identified by you, in writing, as a sub-permittee of your permit.

b. Sub-permittees must be at least 18 years of age. As the primary permittee you will be responsible for ensuring that your sub-permittees are properly trained and that they adhere to the terms and conditions of your permit.

8. VETERINARIANS

a. List the name, contact information, and address of any veterinarian licensed to practice in the State of Hawaii with whom you intend to consult with during wildlife rehabilitation activities.

9. OTHER PERMITS

a. List any current permits or licenses held by you for possession of protected wildlife. Note that your State permit is not valid without proper Federal authorization for those species protected by Federal law. Federal permit coverage for you and your sub-permittees is required, and copies of all applicable Federal permits must be submitted with your application.

b. Have you ever received a wildlife citation or wildlife conviction? If your answer is yes, please explain (date, location, violation, etc.).