



APPLICATION FOR REHABILITATION PERMIT

Kansas Department of Wildlife, Parks & Tourism
Wildlife Division
512 SE 25th Ave
Pratt, KS 67124
620-672-5911

NEW APPLICATION RENEWAL APPLICATION (Prior Permit Number: _____)

Applicant Information:

Name of Applicant _____
Date of Birth (Include copy of state issued photo ID if New Applicant)

Mailing Address _____
City State Zip Code

Primary Phone _____
Alternate Phone _____
Email Address

Facilities & Activities:

Are animals to be housed at the mailing address above? YES NO (Complete Facility Address Below)

Rehabilitation Facility Address _____
City State Zip Code

What is the approximate number of animals this facility can accommodate? _____

What are the primary species (common name) that you intend to rehabilitate at this facility?

To what Counties do you intend to provide services?

Names of each assisting veterinarian: _____

Do you have a current federal permit allowing for the rehabilitation of migratory birds? NO YES (Fed. Permit No.: _____)
Please provide a copy of your current Federal Permit.

Are you requesting authorization for any assisting subpermittees? NO YES (**Complete and attach Form 1** for each requested subpermittee)

There is NO FEE for this permit. Make sure that all information requested has been provided on this application form and required attachments. The rehabilitation permit, which expires **December 31**, must be signed and in possession while conducting rehabilitation activities. Application for renewal must be completed annually and be submit at least 30 days prior to current permit expiration to ensure no lapse in authority to perform rehabilitation services. Your signature on this application grants permission for your contact information to be provided to the public. **Contact your local Natural Resource Officer to make arrangements for required signature on all applications.**

I certify that all facilities of the permittee and any subpermittees have been inspected and meet KDWP requirements.
(Please complete **Form 2** and attach for each facility inspected) _____
Natural Resource Officer Signature Date

I certify that all information on this application is true and I will uphold the regulations for this permit. _____
Applicant Signature Date

FAILURE TO COMPLY WITH THE CONDITIONS SET FORTH IN THE PERMIT WILL RESULT IN THE IMMEDIATE REVOCATION OF THE PERMIT.