MARYLAND
DEPARTMENT OF
NATURAL RESOURCES

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) 260-8540, 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.