



WILDLIFE REHABILITATION LICENSE APPLICATION

Please mail in a complete application with required Forms (see grid below) to:
 CPW Special Licensing, 6060 Broadway, Denver, CO 80216
 P 303.291.7143 wildlife.speciallicensing@state.co.us

FEE EXEMPT

Check the boxes next to the information you want included in a public directory posted on Colorado Parks and Wildlife's webpage.

<input type="checkbox"/> Name of Applicant:			
As required by the Colorado Child Support Enforcement Act, established through enactment of HB97-1205 and implemented through §26-13-126 C.R.S., an applicant's social security number (SSN) is now required for the purchase or application for all Colorado Parks & Wildlife licenses. The SSN will not be displayed on any license. It will be provided when requested to the Colorado Department of Human Services – Child Support Enforcement as required by statute and will be used to enforce provisions of this law.			
SSN of Applicant:			
<input type="checkbox"/> Organization Name (if applicable):			
<input type="checkbox"/> Mailing Address:			
<input type="checkbox"/> City/State/Zip:			
<input type="checkbox"/> Home Phone:		<input type="checkbox"/> Work Phone and Extension:	
<input type="checkbox"/> Email Address:			
<input type="checkbox"/> Physical Location of Animal Care Facilities:			
<input type="checkbox"/> Veterinarian's Name:			
<input type="checkbox"/> Veterinarian's Address & Phone:			

Please indicate type of application by checking the appropriate box →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIRED SUPPLEMENTAL FORMS FOR THESE LICENSES:	Provisional Wildlife Rehabilitator	Full Wildlife Rehabilitator	Annual License Renewal
Form A - Documentation of Compliance with General Provisions of #1401	√	√	√
Form B - Provisional Wildlife Rehabilitation Licensing	√		
Form C - Wildlife Rehabilitation Licensing (Initial Full License, Reinstatements*, Amendments*)	√ (*)	√	
Form D – Renewal of a Provisional or Full Wildlife Rehabilitation License			√

“I certify the above statements and attachments are true. (The making of false statements in connection with obtaining a license is punishable as a misdemeanor.) I hereby authorize Colorado Parks & Wildlife to make further inquiries to verify these statements.”

Signature (written): _____ **Date:** _____

If a license application is denied by Colorado Parks & Wildlife, either in person or by mail, the applicant may request a hearing within 60 days of receiving notice of denial as per §24-4-105 C.R.S. Any action is subject to judicial review as per §24-4-106 C.R.S.

FORM A**DOCUMENTATION OF COMPLIANCE WITH
GENERAL PROVISIONS OF CHAPTER 14 - #1401****WHO NEEDS TO COMPLETE AND SUBMIT FORM A:**

- I. The certifications, declarations, attachments, and additional information this form provides are required from initial Provisional and initial Full Wildlife Rehabilitation License applicants per the general provisions of Chapter 14 - #1401.
- II. Currently licensed Wildlife Rehabilitators are required to update these certifications, declarations, attachments, and additional information if ANY changes have occurred to the provisions of Parts 1, 2, or 3 below. **At minimum, current license holders must complete the certification at the bottom of this page to verify that no changes have occurred.**

PART 1. Certifications and Declarations.	Please initial each box to indicate compliance
1.) Pursuant to Chapter 14 #1401 A. 2. (a) (1), I certify that I am at least 18 years of age. I have attached to this application a photocopy of my current Colorado driver's license or Colorado state issued I.D. card.	
2.) Pursuant to Chapter 14 #1401 A. 2. (a) (2), I declare that I (check either "Do" or "Do Not" below): <u> </u> Do not have any prior animal welfare violations, wildlife violations, or suspension or revocation of any rehabilitation license issued by any state or by the U.S. Fish and Wildlife Service, or <u> </u> Do have animal welfare violation(s), wildlife violation(s), or suspension(s) or revocation(s) of a rehabilitation license(s) issued by a state or by the U.S. Fish and Wildlife Service, as further described in a written statement attached to this application, as to type, place and date of such violation(s).	
3.) Pursuant to Chapter 14 #1401 A. 2. (a) (9), I certify that the proposed possession and treatment of wildlife is not in violation of any city or county ordinance. If applicable, I have attached photocopies of any required local permits.	
4.) Pursuant to Chapter 14 #1401 A. 2. (a) (10), I certify that the proposed wildlife rehabilitation activities will be in compliance with Colorado Department of Health and Environment statutes §25-4-602 through 606, and Colorado Department of Health and Environment Regulation 6CCR-1009-1 (Regulation 8).	
5.) Pursuant to Chapter 14 #1401 A. 2. (a) (12), I certify that I have read and understand the "Zoonoses Information and Prevention" packet provided by Colorado Parks & Wildlife containing general zoonoses information and procedures to minimize potential exposure to such diseases.	
6.) Pursuant to Chapter 14 #1401 A. 2. (a) (13), I certify that I have read and understand the information provided by Colorado Parks & Wildlife about Chronic Wasting Disease (CWD).	

PART 2. Additional documentation required.	Please initial box to indicate required attachment
1.) Pursuant to Chapter 14#1401 A. 2. (a) (5), I have arranged for a licensed veterinarian to examine and treat injured wildlife. I have explained that Colorado Parks & Wildlife is not responsible for reimbursing the veterinarian for services rendered. The veterinarian has attested to this arrangement in Part 3 below.	
2.) Pursuant to Chapter 14 #1401 A. 2. (a) (8), if I intend to rehabilitate Federally regulated species, I have attached a photocopy of my USFWS Special Purpose Rehabilitation Permit, if already issued, or a photocopy of the pending application. I understand that the rehabilitation of any Federally regulated species cannot be authorized by Colorado Parks & Wildlife until a photocopy of the permit has been provided.	

"I certify the above statements and attachments are true. (The making of false statements in connection with obtaining a license is punishable as a misdemeanor.) I hereby authorize Colorado Parks & Wildlife to make further inquiries to verify these statements."

Signature (written): _____

Date: _____

Applicant Name (printed): _____

PART 3. Consulting Veterinarian Agreement.

Notice: Applicants for a Colorado wildlife rehabilitation license are required to enter into an agreement with a consulting veterinarian to meet the requirements for issuance and maintenance of the license. The full set of license requirements are contained in Chapter 14 of Colorado Parks & Wildlife Regulations. The veterinarian and the applicant should sign, date and keep copies of this form.

Parties to the Agreement			
Name of Applicant:			
Consulting Veterinarian Name:		CO DVM Lic #:	
Clinic Name:			
Clinic Address (street, city, zip):			
Telephone Number:			
Veterinary Services Information			
Please describe the types of services you are willing to provide on a case-by-case basis for the Applicant (e.g., physical exam, initial stabilization, dispensing medication, surgery, radiology, euthanasia, training, etc.):			
What, if any, species will you not handle or assist with?			
Facilities			
Does your clinic have the facilities to treat wildlife with reasonable isolation from normal clinic activities? ____Yes ____No			
Please briefly describe the facilities available for holding wildlife while in your clinic:			
Consulting Veterinarian Agreement			
I agree to act as a Consulting Veterinarian to examine and treat injured wildlife in assisting the license applicant's rehabilitation activities. I further agree to adhere to the provisions of Chapter 14 of Colorado Parks & Wildlife Regulations, including, but not limited to those described in #1405 A through I, and summarized below:			
<ol style="list-style-type: none"> 1.) A DVM must approve all medications, medical treatments, diagnostic and prognostic procedures. Anesthesia and surgery will be conducted only by a DVM or under direct DVM supervision. 2.) If the rehabilitator or DVM determines that any wildlife is not likely to survive, it must be euthanized immediately. 3.) Wildlife unlikely to recover should be euthanized as soon as possible within 180 days, unless approved otherwise by Colorado Parks & Wildlife. 4.) It shall be unlawful to provide wildlife care that seriously impairs the potential success of release back to the wild. 5.) Any DVM may render emergency care and treatment to sick or injured wildlife. Any such wildlife shall be transferred to a licensed rehabilitator within 24 hours. Any services rendered shall not create a financial obligation to Colorado Parks & Wildlife. 6.) Any DVM may euthanize injured wildlife if no other reasonable action would be practical, humane or effective. 7.) Any DVM euthanizing wildlife using chemical agents must provide for appropriate burial, incineration or other lawful disposition. 			

Veterinarian Signature _____ Date _____

Applicant Signature _____ Date _____

Note: Completion of this form does NOT authorize the consulting veterinarian to act as a licensed wildlife rehabilitator.

FORM C**WILDLIFE REHABILITATION
LICENSING**

Complete and submit Form C to apply for a **Full Wildlife Rehabilitation License**, OR to apply for **reinstatement** of an expired license, OR to apply for an **amendment** to an existing license.

- I am currently a Provisional Wildlife Rehabilitator requesting an **upgrade** to Full. I have completed Parts 1, 2 & 4 below.
- I am not a Provisional Wildlife Rehabilitator but request that my **equivalent experience** be considered to meet the requirements of a Full Wildlife Rehabilitation License. I have completed Parts 1, 3 & 4 below.
- I am requesting a change to my current Wildlife Rehabilitation License (# _____) to **add or delete species** OR to **reinstate** my expired Wildlife Rehabilitation License (# _____). I have completed Parts 1 & 4 below.
- I have a **new or additional physical location for my animal care facility** that I request be added to my current Wildlife Rehabilitation License (# _____). I have completed Parts 1 & 4 below reference that new facility.

Name of Applicant (please print): _____

PART 1. Species to be rehabilitated. I wish to (____ include) or (____ delete) the following species.

1.) Please indicate the species to be listed (or removed) from the license. Please list specific species as needed:

- ____ Small mammals (e.g., squirrels, rabbits) _____
- ____ Mid-sized mammals (e.g., raccoons, fox) _____
- ____ Large mammals (e.g., deer, bear) _____
- ____ Passerines (e.g., songbirds) _____
- ____ Waterfowl, sea or shore birds _____
- ____ Raptors _____
- ____ Bats _____
- ____ Herptiles _____

2.) Pursuant to Chapter 14 #1407 B., if I have indicated above the intent to rehabilitate any species that require pre-exposure rabies vaccination, I have **attached** written evidence of current pre-exposure rabies vaccination with demonstrated titers.

PART 2. Upgrade request from Provisional to full Wildlife Rehabilitator License.

1.) Pursuant to Chapter 14 #1401A. 2. (b) (12), I have completed at least one (1) year of experience as a Provisional Wildlife Rehabilitator. My Provisional Wildlife Rehabilitation license was issued on (date) _____.

2.) Pursuant to Chapter 14 #1401A. 2. (b) (7), I have **attached** a copy of my completed Learning Plan that has been approved and signed by my sponsor, including dates upon which each segment was successfully completed.

3.) Pursuant to Chapter 14 #1401A. 2. (b) (8), I possess an on-site holding facility which meets the criteria established under regulation #1404, for the full range of caging for the species that I propose to rehabilitate (see Part 4 below).

The following should be completed by the applicant's sponsor:

I certify that the applicant possesses the necessary skills and abilities to be a Wildlife Rehabilitator for the species of wildlife listed in this application. I have **attached** a Sponsor Referral Letter where I have described the nature of the learning activities undertaken by the applicant and the progress that has been achieved towards those learning goals. My initials on the applicant's completed Learning Plan (attached) indicate my concurrence as to when each segment of the Plan was successfully completed. I plan to attend the applicant's interview and facilities inspection by Colorado Parks & Wildlife pursuant to Chapter 14 #1401A. 2. (b) (13).

Signature of Sponsor _____ *Date* _____

PART 3. Request to consider equivalent experience in lieu of satisfying Provisional Wildlife Rehabilitator experience and Learning Plan requirements.

1.) Pursuant to Chapter 14 #1401A. 2. (b) (12), I believe that I possess previous wildlife rehabilitation experience that meets or exceeds the requirements for a Provisional Wildlife Rehabilitator to upgrade to a full Wildlife Rehabilitator license as described in Chapter 14. To substantiate this experience I have **attached** written documentation as indicated below:

- _____ 1.) Copies of wildlife rehabilitation (or equivalent) licenses or permits from another state(s) indicating the species approved under those licenses or permits, the dates issued, and the time period in effect.
- _____ 2.) Copies of the state wildlife regulations that governed the wildlife rehabilitation activity as approved under the state-issued licenses or permits.
- _____ 3.) Copies of the annual reports submitted to the states during the time period the licenses or permits were in effect.
- _____ 4.) Copy of any USFWS permits authorizing wildlife rehabilitation and annual reports submitted to the USFWS.
- _____ 5.) Copies of other documentation that may be relevant. (e.g., rehabilitation related personal references; certificates of training and/or conferences attended; or state or national memberships)

Verification authorization: By submitting and signing this application, I hereby authorize any state wildlife agency or the USFWS to release to Colorado Parks & Wildlife any records or other information to substantiate my previous wildlife rehabilitation activities as needed to process this application.

2.) Pursuant to Chapter 14 #1401A. 2. (b) (8), I possess an on-site holding facility which meets the criteria established under regulation #1404, for the full range of caging for the species that I propose to rehabilitate (see Part 4 below).

PART 4. Facility inspection authorization.

1.) Pursuant to Chapter 14 #1401A. 2. (b) (13), I authorize Colorado Parks & Wildlife to schedule and conduct an inspection of my holding facility at _____ which meets the criteria established under regulation #1404. For a FULL Wildlife Rehabilitator license this includes the full range of caging for those species I propose to rehabilitate or am requesting to be added to my existing license.

Signature of Applicant: _____ **Date:** _____

Applicant Name (printed): _____

THE FOLLOWING FOR DIVISION USE ONLY

Interview conducted by (please print) _____ Date _____

Facility inspected by (please print) _____ Date _____

1.) ___ Approved ___ Denied DWM Signature _____ Date _____

2.) ___ Approved ___ Denied AWM Signature _____ Date _____

3.) ___ Approved ___ Denied RM Signature _____ Date _____

Please indicate any comments and/or conditions of licensing: