



ARKANSAS GAME AND FISH COMMISSION
Wildlife Management Division
#2 Natural Resources Drive, Little Rock, AR 72205

APPLICATION FOR APPRENTICE CLASS WILDLIFE REHABILITATION PERMIT
(For native wildlife other than migratory birds)
FREE (EXPIRES JANUARY 31)

APPLICANT'S FIRST NAME M.I. LAST NAME
MAILING ADDRESS
CITY ZIP COUNTY
PRIMARY PHONE () ALTERNATE PHONE ()
EMAIL:

CAN WE INCLUDE YOUR NAME, COUNTY OF RESIDENCE, AND PHONE NUMBER ON A PUBLICLY AVAILABLE REHABILITATOR LIST?

FACILITY ADDRESS
CITY ZIP COUNTY
SPECIES TO BE REHABILITATED:

GENERAL CLASS REHABILITATOR SUPPORT REQUIREMENT: Apprentice rehabilitators must work under the general supervision of someone possessing a General Class Wildlife Rehabilitator Permit.
GENERAL CLASS REHABILITATOR NAME Permit #

GENERAL CLASS REHABILITATOR SIGNATURE:

VETERINARIAN SUPPORT REQUIREMENT: Permitted wildlife rehabilitators are required to have the support of a licensed veterinarian who will provide consulting and referral services regarding rehabilitation and treatment.

VETERINARIAN SIGNATURE DATE
VETERINARIAN NAME PHONE ()
MAILING ADDRESS
CITY COUNTY ZIP

I certify that I am above 18 years of age and have not been convicted of, or entered a plea of guilty or nolo contendere for, violating any federal, state, or municipal law governing captive wildlife, illegal appropriation or commercialization of wildlife, or cruelty to animals within five (5) years of the date of application. I have obtained certification from the county and/or municipal planning board that operation of this facility would be in compliance with local ordinances and have attached documentation of this certification to this application.

SIGNATURE DATE SIGNED

COMMISSION USE ONLY
NONGAME MAMMAL PROGRAM COORDINATOR APPROVAL
DATE Permit # Assigned