



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

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

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
PRIMARY PHONE (\_\_\_\_) \_\_\_\_\_ ALTERNATE PHONE (\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

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

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FACILITY ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
SPECIES TO BE REHABILITATED: \_\_\_\_\_

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**EXPERIENCE REQUIREMENT:** Chose one of these methods of documenting necessary experience:  
\_\_\_\_\_ I am submitting evidence of at least 250 hours of experience (experience may be gained as an Apprentice Class Rehabilitator and be documented on an AGFC form) and/or training in the care of sick, injured, orphaned, or otherwise impaired wildlife and a recommendation from a current Commission General Class Wildlife Rehabilitator.  
\_\_\_\_\_ I am submitting evidence of having a Commission General Class Rehabilitation permit or an equivalent permit issued by another state in the last 5 years.  
\_\_\_\_\_ I am submitting evidence of currently being an International Wildlife Rehabilitation Council Certified Wildlife Rehabilitator and a recommendation from a current Commission General Class Wildlife Rehabilitator.

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**VETERINARIAN SUPPORT REQUIREMENT:** 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** \_\_\_\_\_

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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** \_\_\_\_\_

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