



**Department of Energy & Environment
Fisheries and Wildlife Division**



Application for Wildlife Rehabilitation Apprentice License

Wildlife Rehabilitator Apprentice

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|----------------------------|
| Name: |
| Street: |
| City: |
| State/Zip: |
| Email: |
| Phone: |
| Date of Birth: |
| Driver's License/State ID: |

Licensed Wildlife Rehabilitator Supervisor

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|----------------------------|
| Name: |
| Street: |
| City: |
| State/Zip: |
| Email: |
| Phone: |
| Date of Birth: |
| Driver's License/State ID: |

Animal Care Facility

| |
|-------------------|
| Name of Facility: |
| Street: |
| City: |
| State/Zip: |
| Contact: |
| Phone: |
| E-mail: |

I HEREBY APPLY FOR A WILDLIFE REHABILITATION LICENSE WITH THE DISTRICT OF COLUMBIA AND CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE NOT BEEN CONVICTED OF AN OFFENSE RELATING TO WILDLIFE OR ANIMAL CRUELTY AND THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant

Date

Instructions:

Complete all the information on the application form and sign.

Attach a copy of a valid District or state ID or driver's license.

Return form to: Department of Energy & Environment
Fisheries and Wildlife Division
Attn: Wildlife Rehabilitation Licensing
1200 First Street NE, 5th Floor
Washington, DC 20002

If you have questions about this form or require further assistance contact the Department of Energy & Environment at 202-870-6004