

APPLICATION FOR POSSESSION/REHABILITATION PERMIT
MISSISSIPPI DEPARTMENT OF WILDLIFE, FISHERIES, & PARKS
MUSEUM OF NATURAL SCIENCE, 2148 RIVERSIDE DR., JACKSON, MS. 39202
ATTN: REHABILITATION PERMIT COORDINATOR

1. Applicant's Name: _____ Telephone No.: _____
Address _____
City, State, Zip: _____
2. Employer: _____ Telephone No.: _____
Address: _____
3. Applicant's Profession: _____

4. List persons assisting that you desire to be named on your permit to work under your direct supervision: _____

5. Objective: _____

6. With certain exceptions, a federal permit will be needed **in addition to** the state permit required to possess native birds, and the US Fish & Wildlife Service (USF&WS) typically issues such permits to qualified individuals, not organizations. Thus, for example, three individuals within a single group wishing to rehabilitate birds at three different localities would be issued three individual permits by the Service. The USF&WS may require possession of a state permit as a condition of issuance of the federal permit. If you currently possess a federal permit, or if members of your organization possess USF&WS permits, please provide the name(s) and number(s) below. Otherwise, provide these numbers, when obtained, to the Mississippi Department of Wildlife, Fisheries, and Parks prior to beginning rehabilitation work with birds.
USF&WS Permit Number(s) and Permittees: _____

7. Comments or Special Licenses: _____

8. Type of facility used for shelter/rehabilitation of animals: _____

9. Specimens will be disposed of as follows (be specific regarding disposal of dead animals; live animals should be released in appropriate habitat as close to the point of capture as is possible): _____

10. Explain the type of educational program provided for staff and volunteers: _____

(see reverse side of application form)
ADDITIONAL REQUIREMENTS

Please provide a letter from one or more local veterinarians that have agreed to

offer advice and/or assistance to you in your rehabilitation efforts.

Please provide a letter from an established, permitted rehabilitation facility (list attached) that agrees to serve as a back-up/networker with your facility.

TERMS FOR ISSUANCE OF POSSESSION/REHABILITATION PERMIT

The Mississippi Department of Wildlife, Fisheries, and Parks regards the International Wildlife Rehabilitation Council/National Wildlife Rehabilitators Association minimum standards for wildlife rehabilitation as general guidelines for persons holding a rehabilitation permit, while recognizing that much of MS is rural, and that the standards utilized by the American Veterinary Association, the U.S. Dept. of Interior, and the U.S. Fish and Wildlife Service are also acceptable for wildlife in a rehabilitation situation.

Upon expiration of a permit, each permittee shall file a report within fifteen (15) days to Mississippi Dept. of Wildlife, Fisheries and Parks, Museum of Natural Science, 2148 Riverside Dr., Jackson, MS 39202 (Attn: Rehabilitation Permits). A completed report is required prior to permit reissuance or extension.

Applicant's Signature

*Provide any additional information that you may have which you think may be useful in our evaluation of your permit request.