



Application for Standard Volunteer Wildlife Rehabilitator Appointment

An application submitted without all required documentation including all supporting documents and the required fee, if applicable, may be subject to denial.

Part I: Applicant Information

Name:								
Mailing Address:								
City/Town:			State:	Zip Code:				
Date of Birth:		-Mail Address:						
Telephone Number:			ext.	Fax:				
Part II: Rehabilitator Information								
1.	Name the Specific Location Where Activities Will be Conducted (i.e., home, nature center, etc.):							
	Street Address or Description of Location:							
	City/Town:		State:	Zip Code:				
2.	2. If you are affiliated with an organization, please complete:							
	Organization Name:							
	Mailing Address:							
	City/Town:		State:	Zip Code:				
3.	Briefly describe your qualifications and relevant experience or training:							
	☐ Check here if additional sheets are necessary, and label and attach them to this sheet. Check the appropriate box(es) identifying the animals you are interested in caring for (check all that apply):							
4.	Birds	-	Reptiles	☐ Amphibians				

Part II: Rehabilitator Information (continued) 5. Briefly describe your facilities including the number and sizes of your cages (provide photos, if possible).

Part	III:	Req	uirer	nents
				C. H

I have completed the following requirements needed to become authorized as a wildlife custodian:					
☐ I have attended the training class ☐ I pas	ssed the wildlife rel	nabilitator's exam with a score of 80% or better			
$\hfill \square$ I have completed a 40 hour apprenticeship (fo	rm required) and	☐ I have veterinary support (form required)			

Check here if additional sheets are necessary, and label and attach them to this sheet.

Part IV: Certification

"I have personally examined and am familiar with the information su thereto, and I certify that based on reasonable investigation, including for obtaining the information, the submitted information is true, accurate knowledge and belief. I understand that a false statement in the subcriminal offense, in accordance with section 22a-6 of the General Statutes, and in accordance with any other applicable statutes.	ng my inquiry of those individuals responsible trate and complete to the best of my omitted information may be punishable as a tatutes, pursuant to section 53a-157b of the
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)

Please return this application along with any additional required materials to:

Laurie Fortin, Wildlife Division
Department of Energy and Environmental Protection
79 Elm Street
Hartford, CT 06106-5127
860-424-3011
Laurie.fortin@ct.gov