



Rhode Island
Department of Environmental Management

DIVISION OF FISH AND WILDLIFE

277 Great Neck Rd
West Kingston, RI 02892

TEL 401 789-0281
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DEM.DFW@dem.ri.gov

WILDLIFE REHABILITATION PERMIT APPLICATION

To rehabilitate wildlife in the state of Rhode Island, you must be permitted through the RIDEM Division of Fish and Wildlife. Certain requirements must be met to qualify for the varying permit levels, as outlined below. The Wildlife Rehabilitator's permit is valid for wildlife covered under Title 20 of the General Laws of Rhode Island, and the Rules and Regulations Governing Wildlife Rehabilitation. Please complete the section which reflects the desired permit level, and submit with all required paperwork outlined within each section. To save paper, please only print the necessary pages. Applications may be electronically submitted to Sarah.Riley@dem.ri.gov. Applications will not be processed until all required documents are received. If you have questions, please email or call the contact information listed above.

- Permit Renewal**; Please complete **Section A** (p. 1 – 2)
- Permit Upgrade**; Level One (1) Apprentice to Level Two (2) – Please complete **Sections A and B** (p. 1 – 3)
- First-Time Applicant**, Level One (1) Apprentice Permit – Please complete **Section C** (p. 4 – 5)
- RVS Applicant (in addition to renewal application)** – Please ALSO complete **Section D** (p. 6 – 7)

SECTION A – PERMIT RENEWAL

Name: _____ Date of Birth: _____

Permit Number: _____ Level: _____

Organization (if applicable): _____

Mailing Address or P.O. Box: _____

Home Address: _____

Home Telephone: _____ Alternate/Cell: _____

Email Address: _____

Facility Address (if different from above): _____

Or please indicate if working out of the WRARI Wildlife Clinic ONLY / _____

Requested species to be rehabilitated at home: SM SB W G H R D RVS Other: _____

Requested species to be rehabilitated at facility: SM SB W G H R D RVS Other: _____

SM: Small mammals SB: Small birds W: Waterfowl G: Gamebirds H: Herptiles R: Raptors D: Deer/Fawns

RVS: Rabies Vector Species (Bats, foxes, raccoons, skunks, woodchucks)

Public Listing:

I DO NOT want to be listed as a wildlife rehabilitator on the RIDEM website.

I would like to be listed as a wildlife rehabilitator **for the public** to contact for and at the following:

SM SB W G H R D RVS Other: _____ Only: _____

Town: _____ Telephone: _____ Cell Phone: _____ Email: _____

For rehabilitators with facility: [NOTE: If you conduct wildlife rehabilitation at home, your wildlife rehabilitation room/building/space is your facility]: Note any additions or changes to your facility. Please submit schematics and/or photographs; if you have submitted photos in the past, please refer to them. Attach additional pages as necessary.



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RENEWAL APPLICATION CONTINUED:

Veterinarian's Name: _____ Phone: _____

Veterinarian's Address: _____

Please include the additional paperwork with this application. Incomplete applications will not be processed.

- Yearly intake log sheet OR WRARI Clinic/Facility only OR Did not rehabilitate wildlife last year
- Letter from a veterinarian agreeing to examine and treat injured wildlife. The Division will not be responsible for reimbursing the veterinarian for services rendered. Veterinarian has sent letter directly.
- Proof of Tetanus vaccination within the last ten (10) years.
 - Tetanus vaccination on file (we will contact you if updated paperwork is needed)
- \$25.00 application processing fee; can be paid by Check or Money Order, made out to RIDEM/Div. of Fish and Wildlife. Credit Card payments may be completed at the RIDEM Division of Fish and Wildlife Great Swamp Field Headquarters, or by calling 401-789-0281. There is an additional \$1.63 service fee associated with card transactions. Customers will see "FD CC Rhode Island DEM" on credit card statements.
- [Facility/Home Rehabilitators Only] Photos and write-up of any additional caging or facility changes.
- [Migratory Bird Rehabilitators Only] Migratory Bird Permit Number: _____
- [RVS Applicants Only] RVS Application – Section D
- [Sponsors Only] **Attach a list of all Apprentices you sponsor AND/OR subpermittees** who work under your permit.

The Rhode Island Department of Environmental Management, Division of Fish and Wildlife retains the ability to promulgate and enforce all rules and regulations under this permit and shall have the authority to amend, suspend, or revoke such permit pursuant to any violation.

Please read and sign the below statement:

"I certify the above statements and attachments are true. I understand that the making of false statements about obtaining a license is punishable as a misdemeanor. I, hereby, authorize the R.I. Division of Fish and Wildlife to make further inquiries to verify these statements and that I, hereby, release and forever discharge the State of Rhode Island, Department of Environmental Management from any and all liability for any personal injuries, diseases or other damages, which may be suffered in connection with said activities."

"I certify that I have not been convicted of a violation of any provisions of the Rules and Regulations Governing Wildlife Rehabilitation, have not been convicted of or pleaded guilty to a RIGL Title 20 misdemeanor, or had my license to rehabilitate wildlife in Rhode Island revoked or suspended within three years prior to application."

"I certify that, to the best of my knowledge, the temporary possession of wildlife for the purpose of wildlife rehabilitation is not in violation of any town laws or ordinances, and that I possess all necessary town permits for these activities, and associated structures, where required."

Signature: _____ Date: _____



SECTION B - PERMIT UPGRADE:
Level One (I) Apprentice To Level Two (II), Or Level II To Other

Current Permit Number: _____ Current Permit Level: _____

Seeking Permit Level: _____

IF SEEKING TO UPGRADE FROM LEVEL I APPRENTICE PERMIT TO LEVEL II:

Sponsor must currently hold a RIDEM-issued Level II or higher wildlife rehabilitator permit.

Sponsor Name: _____

Sponsor Permit Number: _____ Sponsor Permit Level: _____

Sponsor Telephone Number: _____

Sponsor Address: _____

Please attach additional forms:

- Letter of recommendation from sponsor stating support for applicant being issued a Level II permit.
- [Facility Rehabilitator's Only] Facility Checklist, filled out and approved by RIDEM staff

IF SEEKING TO UPGRADE FROM LEVEL 2 TO ANOTHER PERMIT:

Please attach additional forms which reflect sufficient requirements as outlined in the RIDEM Rules and Regulations Governing Wildlife Rehabilitation. These can be found at <https://rules.sos.ri.gov/regulations/part/250-60-00-1>. These may include a copy of veterinarian license, falconry license, or paperwork required for the RVS permit.



WILDLIFE REHABILITATION PERMIT APPLICATION

Section C - First-Time Applicant, Level One (1) Apprentice Permit

To rehabilitate wildlife in the state of Rhode Island, you must be permitted through the RIDEM Division of Fish and Wildlife. Certain requirements must be met to qualify for this permit, as outlined below. The Wildlife Rehabilitator's permit is valid for wildlife covered under Title 20 of the General Laws of Rhode Island, and the Rules and Regulations Governing Wildlife Rehabilitation. Please complete, and submit with all required paperwork in the checklist below. Completed and signed applications may be electronically submitted to Sarah.Riley@dem.ri.gov. Applications will not be processed until all required documents are received. If you have questions, please email or call the contact information listed above.

The following manuals and materials should be obtained and read prior to submission of application:

- RIDEM Rules and Regulations Governing Wildlife Rehabilitation available at:
<https://rules.sos.ri.gov/regulations/part/250-60-00-1>
- Current IWRC Minimum Standards for Wildlife Rehabilitation through IWRC. More information at:
<https://theiwrc.org/resources/guidelines-for-wildlife-rehabilitation>.
- State Wildlife Rehabilitation Manual is available by emailing DEM.DFW@dem.ri.gov
- Wildlife Rehabilitator Association of Rhode Island (WRARI) Subpermittee Training Manual is available by contacting WRARI at riwildliferehab@gmail.com or by calling 401-294-6363.

Name: _____ Date of Birth: _____

Organization (if applicable): _____

Mailing Address and/or P.O. Box: _____

Home Address: _____

Facility Address (if different from above): _____

Or please indicate if working out of the WRARI Wildlife Clinic ONLY

Home Telephone: _____ Alternate/Cell: _____

Email Address: _____

Requested species to be rehabilitated at home: SM SB W G H R D RVS Other: _____

Requested species to be rehabilitated at facility: SM SB W G H R D RVS Other: _____

SM: Small mammals SB: Small birds W: Waterfowl G: Gamebirds H: Herptiles R: Raptors D: Deer/Fawns

RVS: Rabies Vector Species (Bats, foxes, raccoons, skunks, woodchucks)

Veterinarian's Name: _____ Phone: _____

Veterinarians Address: _____

For rehabilitators with facility [NOTE: If you conduct wildlife rehabilitation at home, your wildlife rehabilitation room/building/space is your facility]: Briefly describe your facility, including number and sizes of cages. Attach a schematic and photos of your facility. Please submit photos and attach additional pages as necessary.



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Level 1 Permit Application Continued. Please include ALL additional paperwork with this application:

- Certification that the applicant is at least 18 years of age or older and a Rhode Island resident. (*i.e.*, copy of R.I. driver’s license or other Rhode Island state-issued identification)
- Letter from a veterinarian agreeing to examine and treat injured wildlife. The Division will not be responsible for reimbursing the veterinarian for services rendered
- Letter from a sponsor agreeing to provide guidance and support throughout applicant’s apprenticeship year. Sponsor must be a Level II or higher, RIDEM-permitted wildlife rehabilitator
- Copy of IWRC Basic Wildlife Rehabilitation Course Certificate of Completion
- Copy of letter from RIDEM/Division of Fish & Wildlife stating that applicant has passed the R.I. Wildlife Rehabilitation **Level I exam**. Contact DFW for further details.
- Proof of Tetanus vaccination within the last ten (10) years
- \$25.00 application processing fee; can be paid by Check or Money Order, made out to RIDEM/Div. of Fish and Wildlife. Credit Card payments may be completed at the RIDEM Division of Fish and Wildlife Great Swamp Field Headquarters, or by calling 401-789-0281. There is an additional \$1.63 service fee associated with card transactions. Customers will see “FD CC Rhode Island DEM” on credit card statements.
- [Facility/Home Rehabilitator’s Only] Facility Checklist, filled out and signed off on by approved RIDEM or WRARI staff. Inspections shall be contingent upon adherence to the IWRC Minimum Standards for Wildlife Rehabilitation
- [Migratory Bird Rehabilitators Only] Obtain application for USFWS-issued permit for the rehabilitation of migratory birds. Permit Pending Permit Obtained, Number: _____

The Rhode Island Department of Environmental Management, Division of Fish and Wildlife retains the ability to promulgate and enforce all rules and regulations under this permit and shall have the authority to amend, suspend, or revoke such permit pursuant to any violation.

Please read and sign the below statement:

“I certify the above statements and attachments are true. I understand that the making of false statements about obtaining a license is punishable as a misdemeanor. I, hereby authorize the R.I. Division of Fish and Wildlife to make further inquiries to verify these statements and that I, hereby, release and forever discharge the State of Rhode Island, Department of Environmental Management from any and all liability for any personal injuries, diseases or other damages, which may be suffered in connection with said activities.”

“I certify that I have not been convicted of a violation of any provisions of the Rules and Regulations Governing Wildlife Rehabilitation, have not been convicted of or pleaded guilty to a RIGL Title 20 misdemeanor, or had my license to rehabilitate wildlife in Rhode Island revoked or suspended within three years prior to application.”

“I certify that, to the best of my knowledge, the temporary possession of wildlife for the purpose of wildlife rehabilitation is not in violation of any town laws or ordinances, and that I possess all necessary town permits for these activities, and associated structures, where required.”

Signature: _____ Date: _____

Print Name: _____ Date: _____



SECTION D- RVS APPLICATION

MUST be completed by all first-time RVS applicants AND re-applicants to rehabilitate RVS species. A copy will be forwarded to DOH upon permit issuance. Permits for rehabilitation of RVS contingent upon completion of RVS application and approval of facilities. RVS Rules and Regulations can be found at:

<https://rules.sos.ri.gov/regulations/part/250-40-05-2>

- List rabies vector species to be transported/rehabilitated: **Bats** **Foxes** **Raccoons** **Skunks** **Woodchucks**
- Briefly describe the number of RVS cages, noting any additions or changes in accordance with the Rules and Regulations Governing Wildlife Rehabilitation. Attach additional pages as needed. Attach a schematic of facility; photos are acceptable. You may refer to past photos and do not need to resend past photos unless you have made changes or additions. _____

- Provide evidence of meeting the RVS facilities requirements: I have had my current RVS facilities inspected and approved for the species listed (check one)

Yes _____ No _____ if "No", explain reason (*i.e.*: upgrading, expanding)

- Proof of Rabies vaccination: a signed written statement of rabies vaccination issued by a physician, a private medical facility, or a local health authority, or a report of rabies antibody titer of 0.5 I.U. or greater within the previous two (2) years to the date of application submission
- Rabies vaccination on file (we will contact you if updated paperwork is needed)
- Provide evidence of veterinarian cooperation as signed below **OR as provided in a signed letter.**

"I have agreed to provide euthanasia services, as necessary, and other professional and technical advice relating to the rehabilitation of rabies vector species as part of a working relationship with the wildlife rehabilitator identified above. Furthermore, I understand that I am not obligated to provide pro bono services nor am I responsible for the acts of the wildlife rehabilitator as a result of this cooperative relationship"

Signature of veterinarian

Date

Print name of veterinarian



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FOR RVS TRANSPORT PERMITTEES ONLY:

I do not own facilities that meet or exceed those described in the syllabus. All rabies vector species that I handle will be taken immediately by me, for rehabilitation purposes, to the approved RVS facilities of the wildlife rehabilitator(s) identified below.

Name of wildlife rehabilitator(s) with approved facilities for the rehabilitation of rabies vector species:

Name(s): _____

Address (no post office boxes): _____

FOR ALL RVS APPLICANTS:

“I have read the Rhode Island Rules and Regulations Governing Wildlife Rehabilitation and I understand my responsibilities for practicing safe wildlife rehabilitation as discussed in the syllabus and in the rabies vector species training course:

Notice: pursuant to Rhode Island general law section 20-1-12, 20-1-22, and the administrative procedures act, chapter 42-35, I understand that false statements made on this application are punishable and such false statements may result in the revocation of my authority to rehabilitate wildlife”

Signature: _____ Date _____

Print name: _____