Department of Fish & Wildlife
Rehabilitation
Subpermittee Authorization

FOR OFFICIAL USE ONLY
Date: _____
Approved By: _____

*Prior to submittal, please check with your District Biologist for approval.

Add a subpermittee to your permit: Complete the following information, print legibly

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

District Biologist Approval? Y ◯ N ◯ Name_____ DOB: _____

Subpermittee: By my signature, I acknowledge that I am only authorized to conduct rehabilitation activities while under the supervisory responsibility of a rehabilitation permit holder. I understand that unless approved by the local ODFW district wildlife biologist, only the care and feeding of neonate avian species is allowed or other wildlife species as approved in writing by the local Department district wildlife biologist. I may only receive wildlife for rehabilitation from the permittee.

Signature of subpermittee: _____ Date: _____

Permittee: *By my signature, I acknowledge that I will be held accountable for the subpermittee's actions and understand that any violation of the rehabilitation administrative rules could result in revocation of my rehabilitation permit. I will provide to the subpermittee a written protocol, approved by ODFW, for the care, feeding and rehabilitation of wildlife.*

Printed Name of Permittee: _____ Permit #: _____

Signature of Permittee: _____ Date: _____

Remove a subpermittee from your permit: **(more than one subpermittee can be listed in this section)**

Subpermittee Name(s): _____

Permittee: *By my signature, I hereby authorize the above changes to the list of subpermittees.*

Printed Name of Permittee: _____ Permit #: _____

Signature of Permittee: _____ Date: _____

Please submit this form to: Wildlife.Permits@ODFW.oregon.gov