



# Application for Amphibian and Reptile Rehabilitation Permit



This permit is specifically for amphibian or reptile rehabilitators described in the application and may not be transferred to non-specified persons. Upon the expiration of the permit, the permit is null and void. The permittee is required to comply with all appropriate standards of care for the animal regarding housing, sanitation, temperature, food, water and veterinary care, as well as two year permit renewal and annual reporting. Rehabilitated native animals must be returned to their capture location upon recovery. Amphibians and reptiles housed permanently and used for education are not covered by this permit.

Permit Type (Check proper block)
<input type="checkbox"/> <b>New Permit - (No Fee) First time applicants must complete and submit all required information on the “Application for Amphibian and Reptile Rehabilitation Permit – First Time Applicant” document.</b>
<input type="checkbox"/> <b>Permit Renewal - (No Fee)</b> Permits are valid for two years from the date of an approved permit. The original rehabilitation permit number and annual reports must be submitted before renewal is granted.
<p><b>Please note that successful applicants are required to submit an annual report and renew your permit every two years before the permit expiration. Failure to do so will result in non-compliance and you will not be permitted for the following year.</b></p> <p><b>The completed application shall be forwarded to: Pennsylvania Fish and Boat Commission, Chief, Natural Diversity Section, 450 Robinson Lane, Bellefonte, PA 16823</b></p>

Applicant Information			
First Name	Middle Initial	Last Name	Date of Birth (mm/dd/yyyy)
Address (Personal)			Phone Number
City		State	Zip Code
Educational Background/ Experience/Training Related to Animal Care (or attach resume/vitae):			
Permit Number (Previous Applicants Only)	I hereby acknowledge that my facility is subject to random inspection by law enforcement officials		
	Signature:		Date (mm/dd/yyyy):
Fishing License (CID) Number:			
<b>Professional Voucher:</b> A Pennsylvania permitted Amphibian and Reptile Rehabilitator or Veterinarian must sign to acknowledge your education/experience and animal welfare credibility: Date (mm/dd/yyyy): Permit No. or License:			
Printed Name:		Signature:	

Amphibian/Reptile Facility Information			
Intent to Rehabilitate : <input type="checkbox"/> Amphibian <input type="checkbox"/> Reptile <input type="checkbox"/> Other _____			
Facility Address			Facility Phone Number
City	State	Zip Code	Email Address

Signature	
<p><b>I understand that information provided on this application may be investigated by a Waterways Conservation Officer. I further understand that persons providing false information are not entitled to a possession permit and that appropriate criminal proceedings will be initiated.</b></p> <p><b>I certify under penalty of law (18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and 30 Pa. C.S. §908 (relating to false identification or false or fraudulent statements on reports, etc.)) that the information provided herein is true and correct to the best of my knowledge, information and belief.</b></p>	
Signature	Date (mm/dd/yyyy)