

**Minnesota Department of Natural Resources**

**Division of Ecological Services**

**Wildlife Rehabilitation Permit Renewal Application**

*For renewal in same permit class*

Name \_\_\_\_\_  
(print last) (first)

State permit # \_\_\_\_\_

(initial) Federal  
permit # \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city)

(state) (zip)  
code)

*Required in all classes*

**My current Class Permit:**     Novice     General     Master

**Number of animals (mammals, birds, reptiles & amphibians) rehabilitated during your current permit period**

0-10     10-25     25-50     50-100     100 or more

**Veterinary Consultant**

Name \_\_\_\_\_ Clinic Phone # (    ) \_\_\_\_\_  
(print last) (first) (initial)

*Requirement for Novice class permit applicants*

**Master class mentor**

Name \_\_\_\_\_ Mentor Phone # (    ) \_\_\_\_\_  
(print last) (first) (initial)

**Continuing education and training completed during your current permit period**

*Required in all classes - See Study Guide page 288 for examples*

**Conferences, symposiums, or training sessions (6 hours minimum) attended during your current permit period**

\_\_\_\_\_  
Sponsoring organization

Topi

c

Date

\_\_\_\_\_  
Sponsoring organization

Topi

c

Date

Sponsoring organization \_\_\_\_\_

Topic

c

Date

**List a minimum of 5 periodicals, newsletters, publications, classes, memberships, volunteer work in wildlife rehabilitation clinic or individual facility, that has increased your knowledge of wildlife rehabilitation.**

*See Study Guide page 289 for examples*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I state that all the information in this application is true and accurate: \_\_\_\_\_

Per  
mittee's  
signature

Date

**Mail to:** Department of Natural Resources, 500 Lafayette Road, Ecological Services-Box 25, St. Paul, MN 55155