



# SUBPERMITTEE AUTHORIZATION REQUEST

Kansas Department of Wildlife and Parks  
Wildlife Division  
512 SE 25<sup>th</sup> Ave  
Pratt, KS 67124  
620-672-5911

PERMITTEE NAME: \_\_\_\_\_

PERMIT YEAR: \_\_\_\_\_

**Assisting at facility of permittee only**

**Assisting at a separate facility\***

**\* - Complete Facilities & Activities section below and Form 2 for all separate facilities**

### Assisting Subpermittee Information:

\_\_\_\_\_  
Name of Subpermittee

\_\_\_\_\_  
Date of Birth (Include copy of state issued photo ID)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Email Address

### Description of subpermittee experience in handling and caring for animals during the previous two years:

### How will the permittee ensure that this subpermittee meets all requirements of the rehabilitation permit?

Does the subpermittee have a current federal permit allowing for the rehabilitation of migratory birds, or are they listed as an authorized subpermittee on a federal permit?

NO

YES ( Fed. Permit No.: \_\_\_\_\_ )

**Please provide a copy of the current Federal Permit.**

### Facilities & Activities:

Are animals to be housed at the mailing address above?

YES

NO ( Complete Facility Address Below )

\_\_\_\_\_  
Rehabilitation Facility Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

What is the approximate number of animals this facility can accommodate? \_\_\_\_\_

What are the primary species (common name) that you intend to rehabilitate at this facility?

\_\_\_\_\_  
To what Counties do you intend to provide services?

\_\_\_\_\_  
Names of each assisting veterinarian:

**FAILURE TO COMPLY WITH THE CONDITIONS SET FORTH IN THE PERMIT WILL RESULT IN THE IMMEDIATE REVOCATION OF THE PERMIT.**