



CLASS I APPRENTICE REHABILITATION PERMIT APPLICATION

(Please print or type)

Name: _____

Address: _____

Phone#: _____ **Date of Birth:** _____

Email Address: _____

Wildlife Species you are prepared to rehabilitate: (i.e. small mammals, songbirds, raptors, etc.)

Summary of Experience in the handling and caring for wildlife:

Applicant's Signature **Date**

SPONSORING LICENSED CLASS II REHABILITATOR

Name: _____

Address: _____

Telephone: _____

Sponsoring Class II Rehabilitator Signature

(Over)

Pursuant to Fis 812.01(h), the following affidavit must be signed to authorize the rehabilitation of Rabies Vector Species. (“Rabies Vector Species” means raccoons, woodchucks, fox, skunks or bats.)

INDEMNIFICATION STATEMENT

I hereby agree to indemnify the New Hampshire Fish and Game Department from all losses, injury and damage to persons or property resulting from acts or omissions on my part, and assume full liability and responsibility for myself and my assistants in the care of and contact with Rabies Vector Species (raccoons, woodchucks, fox, skunks and bats)

Signature

Date