

Wildlife Rehabilitation License Examination

Registration

For more information on this license visit www.dec.ny.gov/permits/25027.html

Complete the form below to register for the Wildlife Rehabilitation License Examination. Exams are held on the first or second Friday of April and August each year. After receiving your registration, DEC will mail you information regarding the location and time of the exam. Study materials are available on the Wildlife Rehabilitator License webpage, which can be found by visiting the web link at the bottom of this page. Note: Registrants should refer to the press release which lists the date for the exam and the date the registration is due. Exam registrations are due no later than 3 weeks prior to the scheduled exam dates.

*APPLICANT INFORMATION

<p>name / date of birth</p> <p>_____</p>	<p>Last _____ First _____ M.I. _____</p>	<p>DOB (mm/dd/yyyy) _____</p>	<p>There is no age limit for taking this exam, however, you must be 16 years old to apply for the license</p>
<p>address</p> <p>_____</p>	<p>Street Address _____ Apartment/Unit _____</p>	<p>City _____</p>	
<p>email / telephone</p> <p>_____</p>	<p>County _____ State _____ Zip Code _____</p>	<p>_____ (_____) _____ - _____</p>	<p>Telephone</p>

EXAMINATION DATE	EXAMINATION LOCATION	LIST OF DEC REGIONAL OFFICES & CITY				
<p>Indicate The Month You Are Registering To Take The Exam In The Check Box Below.</p> <p><i>Exams Are Held On The Second Friday Of The Month</i></p> <p><input type="checkbox"/> APRIL</p> <p><input type="checkbox"/> AUGUST</p>	<p>In Order Of Preference, List The Dec Region Number And City Location Where You Would Like To Take The Examination</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 30%;">FIRST PREFERENCE</td> <td style="width: 70%;"></td> </tr> <tr> <td style="text-align: center;">SECOND PREFERENCE</td> <td></td> </tr> </table>	FIRST PREFERENCE		SECOND PREFERENCE		<ul style="list-style-type: none"> • Region 1 – Stony Brook • Region 2 – Long Island City • Region 3 – New Paltz • Region 4 – Schenectady • Region 4 – Stamford • Region 5 – Ray Brook • Region 5 – Warrensburg • Region 6 – Watertown • Region 6 – Utica • Region 7 – Cortland • Region 8 – Avon • Region 9 – Buffalo • Region 9 – Allegany
FIRST PREFERENCE						
SECOND PREFERENCE						

YOU WILL BE NOTIFIED PRIOR TO THE EXAM DATE AS TO WHICH LOCATION YOU WILL BE TAKING THE EXAM

SPECIAL ACCOMMODATIONS

<p>Please let us know if you require any special accommodation due to disability. Indicate the nature of accommodations needed in the space to the right, or on a separate page</p>	
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MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:
 NYS Department of Environmental Conservation
 Special Licenses Unit · 5th Floor
 625 Broadway · Albany, New York 12233

For questions or concerns, please contact us
 Phone: (518) 402-8985 · Fax: (518) 402-8925
 Email: SpecialLicenses@dec.ny.gov
 Website: www.dec.ny.gov/63.html