



Wildlife Rehabilitation Sub-Permittee Assignment

Sub-Permittee Assignment Sub-Permittee Removal

PERMIT HOLDER / APPLICANT INFORMATION

Name of Permit Holder / Applicant (First, Middle Initial and Last Name):

Social Security # or Federal Tax I.D. #:

Name of Business (if applicable)

Mailing Address: _____

Kentucky Resident Yes No

County (if resident) _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Email: _____

SUB-PERMITTEE INFORMATION

Name Sub-Permittee to be Assigned/Removed (First, Middle Initial and Last Name): _____

Social Security # or Federal Tax I.D. #: _____

Mailing Address: _____

Kentucky Resident Yes No

County (if resident) _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Email: _____

Following Section to be Completed for Sub-Permittee Assignments only:

I do hereby acknowledge that I have read and shall comply with all provisions of 301 KAR 2:075.

Sub-Permittee Signature: _____