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**Wildlife Acts 1976 TO 2018 –
Section 22(9) (g)**

**Application for a 12 Month Licence to Possess Injured or Disabled Protected Wild Birds**



Prepared by the Department of Housing, Local Government and Heritage

[**npws.ie**](https://www.npws.ie/)

* **This application to be completed by applicants seeking a 12 month licence to possess injured or disabled protected wild birds.**
* Please use **legible BLOCK LETTERS** and answer **ALL** questions.
* **To avoid unnecessary delay** in processing your application, please ensure that you have **fully completed this form and that you have included a current email address.**

**Please return your completed forms by email or post:**

**Email:** wildlifelicence@housing.gov.ie

**Post:** Wildlife Licensing Unit

National Parks and Wildlife Service

Department of Housing, Local Government and Heritage

90 North King Street

Smithfield

Dublin 7, D07 N7CV

**Privacy Statement**

Please note that under Data Protection legislation Department staff may only discuss licence applications with the applicant, and not with any third party. See Privacy Statement at [www.npws.ie/licences](http://www.npws.ie/licences)

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|  **Part 1: Personal Details**  |
| **Applicant/Organisation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **County** |  |
| **Eircode** |  |
| **Daytime Phone No.** |  |
| **Email Address** |  |
| **Role in Organisation** |  |
| **Part 2: Organisation Details** |
| **Person in Charge of Organisation** |  |
| **Is your Organisation a registered charity?**  | **Yes**  |  | **No** |  |
| **If Yes – please provide Charity Number** |  |
| **How is Your Organisation Structured: E.g. Board/Directors/Individuals?** |
| **How long has the Organisation/Individual being in operation:**  |
| **Description of Organisation’s Facilities: (use extra paper if needed)** |
| **Qualifications/Experience in this field of activity of all individuals involved in bird possession and rehabilitation**  |
| **Have you held previous licences (individual/collective) Yes No** |
| **If yes please provide details** |
| **Have you a qualified vet on site?** | YES\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_ |
| **If yes – please provide name and full details** |  |
| **Vet’s Name** |  |
| **Address of Practice** |  |
| **Are you affiliated to another organisation?** | YES\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_ |
| **If Yes – please provide details** |  |
| **Do you hold a Zoo Licence?** | YES\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_ |
| **If Yes – please provide details of your licence**  |  |
| **Part 3: CITES Information** |
| **Are any of the Birds in your care covered by CITES Regulations?** |
| **If Yes – please provide details including species name and EC Annex if known** |
| **Part 4: Licence Requirements** |
| **Date from which licence is required** |
| **Description of types of birds to be possessed for rehabilitation purposes under this licence** |
| **Part 5: Declaration** |
| I declare that all of the foregoing particulars are, to the best of my knowledge and belief, true and correct. **Signature Of Applicant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_Any person who, for the purposes of obtaining a licence under the Wildlife Acts 1976 to 2018 makes any statement or gives information which they know to be false shall be guilty of an offence.  |

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