# 

**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](mailto: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)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | |

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

Department of Housing, Local Government and Heritage