APPLICATION FOR AN EXOTIC BIRD PERMIT

NOTE: An exotic bird permit is required by Maryland law to import, distribute and breed exotic birds. Applications are to be filed with the local health departments of Maryland.

PLEASE COMPLETE THIS FORM BY TYPING OR PRINTING WITH BALLPOINT PEN- USING PRESSURE

1. ___________________________ / _____ - _____
   NAME OF THE FACILITY

   FACILITY MAILING ADDRESS

   FACILITY LOCATION

   OWNERS NAME   LAST   FIRST   M.I.   AREA CODE    TELEPHONE

   MANAGER’S NAME   LAST   FIRST   M.I.   AREA CODE    TELEPHONE

2. List all species of birds which you expect to distribute from this facility.
   CHECK THE APPROPRIATE BOX.
   □ Bunting    □ Dove/Pigeon    □ Macaw    □ Other (LIST)
   □ Canary    □ Finch    □ Mynah
   □ Cockatiel    □ Lorikeet    □ Parakeet
   □ Cockatoo    □ Lory    □ Parrot
   □ Conure    □ Lovebird    □ Weaver

3. Issuance of this permit is conditioned on the applicant’s consent to inspections; that such inspections will focus on determining compliance with the laws and regulations related to the permit; that inspections will be conducted at reasonable times unless the health officer has a reason to believe that violations are occurring that can only be detected at other times; that failure to allow inspections may result in penalties, in addition to all other remedies permitted by law.

4. I certify that I have read and understand the public health laws of Maryland concerning the keeping and distribution of exotic birds given to me by the designee of the Secretary Health and Mental Hygiene (Maryland Health-General Code Annotated §24-101 - §24-110). I agree to comply with the provisions of these requirements for an exotic bird permit holder.

   ____________________________________________    _________________________
   OWNER’S SIGNATURE    DATE

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

Approved    □    County Permit No.    Disapproved    □    Date Issued    Expiration Date

Reason if disapproved __________________________________________

Date of last site inspection ________________________________

__________________________________________    __________________
Signature of approving local official    Title

__________________________
Name of local health department

WHITE COPY – LOCAL HEALTH DEPARTMENT    YELLOW – CENTER FOR VETERINARY PUBLIC HEALTH    PINK COPY – OWNER
DHMH 300-A (Revised 5/95)