



**CLASS I APPRENTICE REHABILITATION PERMIT RENEWAL APPLICATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**SPONSORING LICENSED CLASS II REHABILITATOR**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

\_\_\_\_\_  
**Sponsoring Class II Rehabilitator Signature**

**Pursuant to Fis 812.01(h), the following affidavit must be signed to authorize the rehabilitation of Rabies Vector Species. ("Rabies Vector Species" means raccoons, woodchucks, fox, skunks or bats.)**

**INDEMNIFICATION STATEMENT**

**I hereby agree to indemnify the New Hampshire Fish and Game Department from all losses, injury and damage to persons or property resulting from acts or omissions on my part, and assume full liability and responsibility for myself and my assistants in the care of and contact with Rabies Vector Species (raccoons, woodchucks, fox, skunks and bats)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**