

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTER FOR
VETERINARY PUBLIC HEALTH

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 AREA CODE TELEPHONE

FACILITY MAILING ADDRESS ZIP

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.

<input type="checkbox"/> Bunting	<input type="checkbox"/> Dove/Pigeon	<input type="checkbox"/> Macaw	<input type="checkbox"/> Other (LIST)
<input type="checkbox"/> Canary	<input type="checkbox"/> Finch	<input type="checkbox"/> Mynah	_____
<input type="checkbox"/> Cockatiel	<input type="checkbox"/> Lorikeet	<input type="checkbox"/> Parakeet	_____
<input type="checkbox"/> Cockatoo	<input type="checkbox"/> Lory	<input type="checkbox"/> Parrot	_____
<input type="checkbox"/> Conure	<input type="checkbox"/> Lovebird	<input type="checkbox"/> 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 ☐ _____ Disapproved ☐ _____
County Permit No. Date Issued Expiration Date

Reason if disapproved _____

Date of last site inspection _____

Signature of approving local official Title

Name of local health department