



APPLICATION FOR AN EXOTIC BIRD PERMIT

CENTER FOR ZOONOTIC AND VECTOR-BORNE DISEASES

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

NAME OF THE FACILITY

FACILITY TELEPHONE NUMBER

FACILITY LOCATION

FACILITY MAILING ADDRESS IF DIFFERENT

OWNER'S LAST NAME

FIRST

M.I.

OWNER'S TELEPHONE NUMBER

MANAGER'S LAST NAME

FIRST

M.I.

MANAGER'S TELEPHONE NUMBER

List all species of birds which you expect to distribute from this facility.

CHECK THE APPROPRIATE BOX.

☐ African Grey Parrot

☐ Conure

☐ Mynah

☐ Other (LIST)

☐ Amazon Parrot

☐ Dove/Pigeon

☐ Parakeet

☐ Bunting

☐ Finch

☐ Pionus Parrot

☐ Canary

☐ Lory/Lorikeet

☐ Quaker Parrot

☐ Cockatiel

☐ Lovebird

☐ Senegal Parrot

☐ Cockatoo

☐ Macaw

☐ Weaver

Issuance of this permit is conditioned on the applicant's consent to:

- Inspections that focus on determining compliance with the laws and regulations related to the permit;
- Inspections that will be conducted at reasonable times, unless the health officer has reason to believe that violations are occurring that can only be detected at other times.

Failure to allow inspections may result in penalties, in addition to all other remedies permitted by law.

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 of the Maryland Department of Health (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 ☐

EXOTIC BIRD PERMIT NUMBER

DATE ISSUED

EXPIRATION DATE

Denied ☐ Reason for denial

Date of last site inspection

SIGNATURE OF APPROVING LOCAL OFFICIAL

Title

NAME OF LOCAL HEALTH DEPARTMENT