



STATE OF COLORADO  
 DEPARTMENT OF NATURAL RESOURCES  
 COLORADO PARKS AND WILDLIFE  
 WILDLIFE REHABILITATION LICENSE



AMENDMENT # 2015

**2015**

License #: Reh301A2015  
 Type: REHABILITATOR  
 Federal PRT: 6846140

Date of Issue: 3/4/2015  
 Expiration: 1/31/2016

License Holder Name(s): Peshock, Lea T.

Organization Name: Greenwood Wildlife Rehabilitation Center

Sponsor (if provisional):

Address: 4888 Valkyrie Dr.

City/State/Zip: Boulder, CO 80301

Authorized physical location(s) for wildlife rehab activities, including satellite(s)

5761 Ute Hwy, Longmont, CO 80305

4888 Valkyrie Dr., Boulder, CO 80301

Species Authorized for Rehabilitation

All birds except raptors

Mid-sized mammals (e.g. raccoons, fox)

Small mammals (e.g. squirrels, rabbits) EXCEPT bats or skunks

Veterinarian Name(s) / Vet Hospital Name(s):

Veterinarian Address(es):

Hazel, Alison  
 Relief Veterinary Services

1925 Foothills Rd, Golden CO 80401

License Restriction(s) if applicable:

Restrictions on the 4888 VALKYRIE DR facility: Birds, coyotes, foxes, or bobcats are not be taken to or rehabilitated at this location.

This license requires strict observance of applicable city and county ordinances. If this license authorizes the possession/rehabilitation of migratory birds, it is valid ONLY for those species authorized per a concurrent and valid federal rehabilitation permit.

By: *Special Licensing, CPW*

(Additional pages may follow.)



FEDERAL FISH AND WILDLIFE PERMIT

U.S. Fish and Wildlife Service  
Migratory Bird Permit Office  
P.O. Box 25486, DFC (60154)  
Denver, Colorado 80225-0486  
(303) 236-8171

1. PERMITTEE  
GREENWOOD WILDLIFE REHABILITATION  
ATTN: LINDA TYLER  
PO BOX 18987  
BOULDER, CO 80308-1987  
U.S.A.

2. AUTHORITY-STATUTES  
16 USC 703-712

REGULATIONS  
50 CFR Part 13  
50 CFR 21.31

3. NUMBER  
MB684614-1  
AMENDMENT

4. RENEWABLE  
YES  NO

5. MAY COPY  
YES  NO

6. EFFECTIVE  
04/01/2012

7. EXPIRES  
03/31/2017

9. TYPE OF PERMIT  
REHABILITATION

8. NAME AND TITLE OF PRINCIPAL OFFICER (If #1 is a business)  
LINDA TYLER  
EXECUTIVE DIRECTOR

10. LOCATION WHERE AUTHORIZED ACTIVITY MAY BE CONDUCTED  
Birds will be housed at 5761 Ute Highway 66, Longmont, CO 80503.

11. CONDITIONS AND AUTHORIZATIONS:

A. GENERAL CONDITIONS SET OUT IN SUBPART D OF 50 CFR 13, AND SPECIFIC CONDITIONS CONTAINED IN FEDERAL REGULATIONS CITED IN BLOCK #2 ABOVE, ARE HEREBY MADE A PART OF THIS PERMIT. ALL ACTIVITIES AUTHORIZED HEREIN MUST BE CARRIED OUT IN ACCORD WITH AND FOR THE PURPOSES DESCRIBED IN THE APPLICATION SUBMITTED, CONTINUED VALIDITY, OR RENEWAL, OF THIS PERMIT IS SUBJECT TO COMPLETE AND TIMELY COMPLIANCE WITH ALL APPLICABLE CONDITIONS, INCLUDING THE FILING OF ALL REQUIRED INFORMATION AND REPORTS.

B. THE VALIDITY OF THIS PERMIT IS ALSO CONDITIONED UPON STRICT OBSERVANCE OF ALL APPLICABLE FOREIGN, STATE, LOCAL, TRIBAL, OR OTHER FEDERAL LAW.  
C. VALID FOR USE BY PERMITTEE NAMED ABOVE.

The following subpermittees are authorized: Any other persons under the direct control of, under, contract to, or employed by the permittee only to the extent necessary in accomplishing the purpose authorized below. Submit a list of subpermittees with annual report.

D. This permit authorizes you to:

- (1) take from the wild or receive from another person sick, injured, or orphaned migratory birds (only species listed in Condition H) and to possess them and provide rehabilitative care for them;
- (2) transport such birds to a suitable habitat for release, to another permitted rehabilitator's facilities, or to a veterinarian;
- (3) transfer, release, or euthanize such birds;
- (4) transfer or otherwise dispose of dead specimens; and
- (5) receive, stabilize, and transfer within 48 hours types of migratory bird species not authorized by your permit, in cases of emergency.

E. You may not salvage and must immediately report to the U.S. Fish and Wildlife Service Office of Law Enforcement any dead or injured migratory birds that you encounter that appear to have been poisoned, shot, electrocuted, have collided with industrial power generation equipment, or were otherwise killed or injured as the result of potential criminal activity. See USFWS OLE contact information below.

F. Any person responsible for the permitted activities when you or a subpermittee are not present must either possess his or her own Federal rehabilitation permit or be authorized as your subpermittee by being named in writing to your issuing migratory bird permit office.

G. You and any subpermittees must comply with the attached Standard Conditions for Rehabilitation Permits. These standard conditions are a continuation of your permit conditions and must remain with your permit.

H. All migratory birds excluding the following:

(Continued on Page 2)

ADDITIONAL CONDITIONS AND AUTHORIZATIONS ALSO APPLY

12. REPORTING REQUIREMENTS

Annual report due: 01/31. You must submit an annual report to your Regional Migratory Bird Permit Office each year, even if you had no activity.  
Form: www.fws.gov/forms/3-202-4.pdf.

ISSUED BY

*[Signature]*

TITLE

CHIEF, MBPO, REGION 6

DATE

02/27/2012