

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL 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 use mailing address indicated at the bottom of this permit application.*

*PLEASE COMPLETE THIS FORM BY TYPING OR PRINTING WITH BALLPOINT PEN – (Please Write Clearly)*

1. \_\_\_\_\_ / \_\_\_\_\_  
 NAME OF FACILITY Area Code TELEPHONE

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\_\_\_\_\_ / \_\_\_\_\_  
 FACILITY MAILING ADDRESS ZIP

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\_\_\_\_\_ / \_\_\_\_\_  
 OWNERS NAME Last First M.I. Area Code TELEPHONE

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\_\_\_\_\_ / \_\_\_\_\_  
 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 inspect ins; 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 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 under 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 OFFICAL USE ONLY**

(Circle One) Approved or Disapproved

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 County Permit No. Date Issued Expiration Date

Reason if disapproved \_\_\_\_\_

Date of last site inspection \_\_\_\_\_

\_\_\_\_\_  
 Signature of approving health official Date

Make Check or Money Order (No Cash) Payable to "Director of Finance"

Send Completed Application and Permit Fee (\$44.00) to:

HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH – Community Hygiene Program  
 8930 Stanford Blvd.  
 Columbia, MD 21045 410-313-1773