CDA Office Use	
	202 Bird Band Fee
	Payment Type

COLORADO
Department of Agriculture
Animal Health Division
305 Interlocken Parkway ● Broomfield, CO 80021 ● 303-869-9146

Pet Animal Care Facilities Act

BIRD LEG BAND NUMBER APPLICATION

Bird Bands Expire every year on September 30th. The Annual Fee is $17.50. Applicant will be authorized to order bird leg bands from various band companies and will have access to psittacine sales.

Please select one of the following: **Please Note that Number Assignment Is Non-Transferable**
New Band Number: _____
Renewal Band Number: _____ If this is a renewal, please list previously assigned number: _____

Please Complete Thoroughly

Date of Application: _____

Applicant Name: _____

Business / Facility Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business / Facility Phone: _____ Main / Cell Phone: _____

Email Address: _____

Are you PACFA Licensed? YES: _____ NO: _____ If Yes, Please provide License Number: _____

Applicant's Signature: _____

STATUTORY REFERENCE:

35-80-106.5 **Psittacine bird leg band fee.** (1) Each applicant for a Colorado psittacine bird leg band shall be issued a bird leg band number by the commissioner after paying the required application fee, and each holder of a bird leg band shall pay an annual fee on or before October 1 of each year. (2) The application and renewal fees described in subsection (1) of this section shall be set forth in rule adopted by the commissioner. This statute change was adopted on June 1, 1998.

35-80-108 **Unlawful acts.** (1) Unless otherwise authorized by law, it is unlawful and a violation of this article for any person or entity:

(i) To import or have in such person's possession for the purpose of selling, trading, giving, or otherwise transferring certain species of birds designated by the commissioner (psittacine birds) that have not been legally banded with a leg band applied during the prefeathered stage of development and appropriate to the size and species of the bird.

Use this portion if paying with a credit card

Type of credit card: Master Card ◆ Visa ◆ Discover ◆ American Express

Name as it appears on card: _____

Billing Address: _____

Card Number: _____ Expiration Date: _____

By signing below, I agree that the credit card above will be charged the full renewal amount. In addition, I agree to pay an additional non-refundable 2.25% of the total amount due to cover the cost of the credit card transaction and a one-time non-refundable processing fee of $0.75.

Signature: _____