APPENDIX 7

U.S. FISH AND WILDLIFE SERVICE (USFWS) DEPREDATION PERMIT APPLICATION AND WS FORM 37
DEPREDATION - ANNUAL REPORT

PERMITTEE: ___________________________ PERMIT NUMBER: ___________________________

ADDRESS: ___________________________ REPORT FOR CALENDAR YEAR: ___________________________

REPORT DUE DATE: ___________________________

City State Zip Code

Check here if reporting a change of name, address, or contact information PHONE: ___________________________ Email: ___________________________

INSTRUCTIONS: Type or print the information requested below for all birds taken or held under your permit during the year covered by this report and return the completed report to the above address by the due date. Use of this form is not mandatory, but the same information must be submitted. A supplemental sheet is available if needed. Filing an annual report is a condition of your permit. Failure to file a timely report can result in permit suspension. If you had no activity under your permit during the report year, state "No activity" on the form. (50 CFR parts 13, 21, & 22)

MAKE SURE YOU SIGN & DATE THE CERTIFICATION STATEMENT BELOW BEFORE YOU SUBMIT YOUR REPORT.

Please group your entries first by Species, then by State, County, and Month. Provide a subtotal for each species collected by State. See example below.

<table>
<thead>
<tr>
<th>Species (Common Name)</th>
<th>When &amp; Where Taken</th>
<th>Quantity</th>
<th>Final Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State</td>
<td>County (or equivalent)</td>
<td>Month Taken</td>
</tr>
<tr>
<td>Example: Ring-billed Gull</td>
<td>VA</td>
<td>Fairfax</td>
<td>Mar</td>
</tr>
<tr>
<td>Ring-billed Gull</td>
<td>VA</td>
<td>Chester</td>
<td>Apr</td>
</tr>
<tr>
<td>Species Total</td>
<td>VA</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

* Relocated in the wild
* * Refers to nests with eggs that are destroyed, addled, oiled, or removed from wild. Do not enter individual eggs, and do not include inactive nests destroyed.

CERTIFICATION: I certify that the information in this report is true and correct to the best of my knowledge. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. 1001.

Signature: ___________________________ Date: ___________________________

<table>
<thead>
<tr>
<th>Species (Common Name)</th>
<th>State</th>
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<th>When &amp; Where Taken</th>
<th>Month Taken</th>
<th>Final Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Birds Killed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Birds Relocated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nests Destroyed **</td>
</tr>
</tbody>
</table>

* Relocated in the wild  ** Refers to nests with eggs that are destroyed, addled, oiled, or removed from wild. Do not enter individual eggs, and do not include inactive nests destroyed.
FEDERAL FISH AND WILDLIFE PERMIT REPORT
Paperwork Reduction Act, Privacy Act, and Freedom of Information Act – Notices

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501, et seq.) and the Privacy Act of 1974 (5 U.S.C. 552a), please be advised:

1. The gathering of information on fish and wildlife is authorized by:
   (Authorizing statutes can be found at: http://www.gpoaccess.gov/cfr/index.html and http://www.fws.gov/permits/ftr/ltr.shtml)
   c. General Provisions, 50 CFR 10;
   d. General Permit Procedures, 50 CFR 13; and

2. Information requested in this form is purely voluntary. However, submission of requested information is a condition of your permit under the above laws. Failure to provide all requested information may be sufficient cause for the U.S. Fish and Wildlife Service to revoke your permit. Response is not required unless a currently valid Office of Management and Budget (OMB) control number is displayed on form.

3. Disclosures outside the Department of the Interior may be made without the consent of an individual under the routine uses listed below, if the disclosure is compatible with the purposes for which the record was collected. (Ref. 68 FR 52611, September 4, 2003)
   a. Routine disclosure to subject matter experts, and Federal, tribal, State, local, and foreign agencies, for the purpose of obtaining advice relevant to making a decision on an application for a permit or when necessary to accomplish a FWS function related to this system of records.
   b. Routine disclosure to Federal, tribal, State, local, or foreign wildlife and plant agencies for the exchange of information on permits granted or denied to assure compliance with all applicable permitting requirements.
   c. Routine disclosure to Federal, tribal, State, local authorities who need to know who is permitted to receive and rehabilitate sick, orphaned, and injured birds under the Migratory Bird Treaty Act and the Bald and Golden Eagle Protection Act; federally permitted rehabilitators; individuals seeking a permitted rehabilitator with whom to place a bird in need of care; and licensed veterinarians who receive, treat, or diagnose sick, orphaned, and injured birds.
   d. Routine disclosure to the Department of Justice, or a court, adjudicative, or other administrative body or to a party in litigation before a court or adjudicative or administrative body, under certain circumstances.
   e. Routine disclosure to the appropriate Federal, tribal, State, local, or foreign governmental agency responsible for investigating, prosecuting, enforcing, or implementing statutes, rules, or licenses, when we become aware of a violation or potential violation of such statutes, rules, or licenses, or when we need to monitor activities associated with a permit or regulated use.
   f. Routine disclosure to a congressional office in response to an inquiry to the office by the individual to whom the record pertains.
   g. Routine disclosure to the General Accounting Office or Congress when the information is required for the evaluation of the permit programs.
   h. Routine disclosure to provide addresses obtained from the Internal Revenue Service to debt collection agencies for purposes of locating a debtor to collect or compromise a Federal claim against the debtor or to consumer reporting agencies to prepare a commercial credit report for use by the FWS.

4. For individuals, personal information such as home address and telephone number, financial data, and personal identifiers (social security number; birth date, etc.) will be removed prior to any release of the application.

5. The public reporting burden on the applicant for information collection varies depending on the activity for which a permit is requested. The relevant burden for a Depredation permit annual report is 1 hour. This burden estimate includes time for reviewing instructions, gathering and maintaining data and completing and reviewing the form. You may direct comments regarding the burden estimate or any other aspect of the form to the Service Information Clearance Officer, U.S. Fish and Wildlife Service, Mail Stop 222, Arlington Square, U.S. Department of the Interior, 1849 C Street, NW, Washington D.C. 20240.

Freedom of Information Act – Notice

For organizations, businesses, or individuals operating as a business (i.e., permittees not covered by the Privacy Act), we request that you identify any information that should be considered privileged and confidential business information to allow the Service to meet its responsibilities under FOIA. Confidential business information must be clearly marked "Business Confidential" at the top of the letter or page and each succeeding page and must be accompanied by a non-confidential summary of the confidential information. The non-confidential summary and remaining documents may be made available to the public under FOIA [43 CFR 2.13(c)(4), 43 CFR 2.15(d)(1)(i)].
### Migratory Bird Regional Permit Offices

<table>
<thead>
<tr>
<th>FWS REGION</th>
<th>AREA OF RESPONSIBILITY</th>
<th>MAILING ADDRESS</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>Hawaii, Idaho, Oregon, Washington</td>
<td>911 N.E. 11th Avenue, Portland, OR 97232-4181</td>
<td>Tel. (503) 872-2715, Fax (503) 231-2019, Email <a href="mailto:permitsR1MB@fws.gov">permitsR1MB@fws.gov</a></td>
</tr>
<tr>
<td>Region 2</td>
<td>Arizona, New Mexico, Oklahoma, Texas</td>
<td>P.O. Box 709, Albuquerque, NM 87103</td>
<td>Tel. (505) 248-7882, Fax (505) 248-7885, Email <a href="mailto:permitsR2MB@fws.gov">permitsR2MB@fws.gov</a></td>
</tr>
<tr>
<td>Region 3</td>
<td>Iowa, Illinois, Indiana, Minnesota, Missouri, Michigan, Ohio, Wisconsin</td>
<td>One Federal Drive, Fort Snelling, MN 55111</td>
<td>Tel. (612) 713-5436, Fax (612) 713-5393, Email <a href="mailto:permitsR3MB@fws.gov">permitsR3MB@fws.gov</a></td>
</tr>
<tr>
<td>Region 4</td>
<td>Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virgin Islands, Puerto Rico</td>
<td>P.O. Box 49208, Atlanta, GA 30339</td>
<td>Tel. (404) 679-7070, Fax (404) 679-4180, Email <a href="mailto:permitsR4MB@fws.gov">permitsR4MB@fws.gov</a></td>
</tr>
<tr>
<td>Region 5</td>
<td>Connecticut, District of Columbia, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Virginia, Vermont, West Virginia</td>
<td>P.O. Box 779, Hadley, MA 01035-0779</td>
<td>Tel. (413) 253-8643, Fax (413) 253-8424, Email <a href="mailto:permitsR5MB@fws.gov">permitsR5MB@fws.gov</a></td>
</tr>
<tr>
<td>Region 6</td>
<td>Colorado, Kansas, Montana, North Dakota, Nebraska, South Dakota, Utah, Wyoming</td>
<td>P.O. Box 25486, DFC(60154), Denver, CO 80225-0486</td>
<td>Tel. (303) 236-8171, Fax (303) 236-8017, Email <a href="mailto:permitsR6MB@fws.gov">permitsR6MB@fws.gov</a></td>
</tr>
<tr>
<td>Region 7</td>
<td>Alaska</td>
<td>1011 E. Tudor Road (MS-201), Anchorage, AK 99503</td>
<td>Tel. (907) 786-3693, Fax (907) 786-3641, Email <a href="mailto:permitsR7MB@fws.gov">permitsR7MB@fws.gov</a></td>
</tr>
<tr>
<td>Region 8</td>
<td>California, Nevada</td>
<td>2800 Cottage Way, Sacramento, CA 95825</td>
<td>Tel. (916) 414-6464, Fax (916) 414-6486, Email <a href="mailto:permitsR8MB@fws.gov">permitsR8MB@fws.gov</a></td>
</tr>
</tbody>
</table>
U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL DAMAGE CONTROL

MIGRATORY BIRD DAMAGE PROJECT REPORT

COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business agency name if appropriate)

2. LOCATION OF DAMAGE

3. COUNTY

4. STATE: CA

5. RESOURCE

<table>
<thead>
<tr>
<th>A. RESOURCE CATEGORY</th>
<th>B. SPECIFIC RESOURCE(S) DAMAGED</th>
<th>C. NATURE OF DAMAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. DAMAGE ESTIMATE

<table>
<thead>
<tr>
<th>A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)</th>
<th>B. DOLLAR LOSS (if available)</th>
<th>C. LOSS CONFIRMED BY ADC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>Yes</td>
</tr>
</tbody>
</table>

D. DURATION/TIME PERIOD OF DAMAGE

E. DATE ASSISTANCE REQUEST RECEIVED

F. DATE OF INVESTIGATION

G. INVESTIGATION TYPE

A. TYPE OF ASSISTANCE PROVIDED

<table>
<thead>
<tr>
<th></th>
<th>Equipment Loan</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

B. RECOMMENDED ACTION(S)

<table>
<thead>
<tr>
<th></th>
<th>Lethal trapping</th>
<th>Trap and relocate</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

C. METHODS ATTEMPTED, RESULTS, COMMENTS

7. MIGRATORY BIRD SPECIES

<table>
<thead>
<tr>
<th>A. DEPREDATING SPECIES</th>
<th>B. NUMBERS INVOLVED</th>
<th>C. COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. ADC ASSISTANCE PROVIDED

9. DEPREDAITION PERMIT

ADC RECOMMENDS PERMIT BE ISSUED. Yes No

10. ADC INVESTIGATOR NAME AND ADDRESS (Print)

11. ADC INVESTIGATOR'S SIGNATURE

12. FOR USE BY DEPREDAITION PERMIT AGENCY

DEC 17 2010

PART 1 - PERMITTING AGENCY
# MIGRATORY BIRD DAMAGE PROJECT REPORT

## 1. OPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER

(include business agency name if appropriate)

<table>
<thead>
<tr>
<th>TELEPHONE</th>
<th>Home</th>
<th>Work</th>
<th>AC: ( )</th>
</tr>
</thead>
</table>

## 2. LOCATION OF DAMAGE

3. COUNTY

4. STATE: CA

## 5. RESOURCE

### A. RESOURCE CATEGORY

- Agricultural
- Natural Resource
- Property
- Human Health/Safety

### B. SPECIFIC RESOURCE(S) DAMAGED

### C. NATURE OF DAMAGE

## 6. DAMAGE ESTIMATE

### A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)

### B. DOLLAR LOSS (if available)

<table>
<thead>
<tr>
<th>Total</th>
<th>$</th>
</tr>
</thead>
</table>

### C. LOSS CONFIRMED BY ADC

- Yes
- No

### D. DURATION/TIME PERIOD OF DAMAGE

### E. DATE ASSISTANCE REQUEST RECEIVED

### F. DATE OF INVESTIGATION

### G. INVESTIGATION TYPE

- Site Visit
- Telephone
- Letter
- Other

## 7. MIGRATORY BIRD SPECIES

### A. DEPREDATING SPECIES

<table>
<thead>
<tr>
<th>1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

### B. NUMBER INVOLVED

### C. COMMENTS

## 8. ADC ASSISTANCE PROVIDED

### A. TYPE OF ASSISTANCE PROVIDED

- Direct Control
- Technical Assistance
- Equipment Loan
- Supplies
- Other (specify)

### B. RECOMMENDED ACTION(S)

- Harassment or hazing techniques
- Lethal trapping
- Trap and relocate
- Shooting
- Other (specify)

### C. METHODS ATTEMPTED, RESULTS, COMMENTS

## 9. DEPREDATION PERMIT

ADC RECOMMENDS PERMIT BE ISSUED.

- Yes
- No

ADC RECOMMENDS PERMIT BE ISSUED IF "YES" SUGGESTED CONDITIONS OF PERMIT.

## 10. ADC INVESTIGATOR NAME AND ADDRESS (Print)

## 11. ADC INVESTIGATOR'S SIGNATURE

## 12. FOR USE BY DEPREDATION PERMIT AGENCY

DEC 17 2010

ADC FORM 37 (DEC 90)

PART 2 - STATE OFFICE
U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL DAMAGE CONTROL

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. OPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business agency name if appropriate)

2. LOCATION OF DAMAGE

3. COUNTY

4. STATE

CA

5. RESOURCE

A. RESOURCE CATEGORY
   - Agricultural
   - Property

B. SPECIFIC RESOURCE(S) DAMAGED
   - Natural Resource
   - Human Health/Safety

C. NATURE OF DAMAGE
   - Agricultural
   - Property
   - Natural Resource
   - Human Health/Safety

6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)

B. DOLLAR LOSS (If available)

C. LOSS CONFIRMED BY ADC
   - Yes
   - No

D. DURATION/TIME PERIOD OF DAMAGE

E. DATE ASSISTANCE REQUEST RECEIVED

F. DATE OF INVESTIGATION

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES

B. NUMBER INVOLVED

C. COMMENTS

8. ADC ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED
   - Direct Control
   - Equipment Loan
   - Technical Assistance
   - Supplies
   - Other (specify)

B. RECOMMENDED ACTION(S)
   - Harassment or hazing techniques
   - Lethal trapping
   - Habitat alteration
   - Equipment loan
   - Supplies
   - Other (specify)

C. METHODS ATTEMPTED, RESULTS, COMMENTS

9. DEPREDATION PERMIT

ADC RECOMMENDS PERMIT BE ISSUED.
   - Yes
   - No

10. ADC INVESTIGATOR NAME AND ADDRESS (Print)

11. ADC INVESTIGATOR'S SIGNATURE

ADC FORM 37
(DEC 90)
1. OPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business agency name if appropriate)

2. LOCATION OF DAMAGE

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4. STATE CA

5. RESOURCE

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<tr>
<td></td>
<td>Per Unit</td>
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<td></td>
<td>Total</td>
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<th>D. DURATION/ TIME PERIOD OF DAMAGE</th>
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8. DATE ASSISTANCE REQUEST RECEIVED

9. DATE OF INVESTIGATION

10. INVESTIGATION TYPE

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11. ADC ASSISTANCE PROVIDED

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<tr>
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<th>B. RECOMMENDED ACTIONS</th>
</tr>
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<tr>
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</tr>
<tr>
<td>Technical Assistance</td>
<td>Habitat alteration and/or barriers</td>
</tr>
<tr>
<td>Equipment Loan</td>
<td>Shooting</td>
</tr>
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<td>Supplies</td>
<td>Trap and relocate</td>
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<td>Other (specify)</td>
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</table>

12. METHODS ATTEMPTED, RESULTS, COMMENTS

9. DEPREDATION PERMIT

ADC RECOMMENDS PERMIT BE ISSUED. Yes No

10. ADC INVESTIGATOR NAME AND ADDRESS (Print)

11. ADC INVESTIGATOR'S SIGNATURE

TELEPHONE AC: ( )

ADC FORM 37
(DEC 90)