OMB Control No. 1018-0022
Expires 04/30/2021

MIGRATORY BIRD REHABILITATION - ANNUAL REPORT

U.S. Fish and Wildlife Service
Division of Migratory Bird Management

BEFORE FILLING OUT THIS FORM, please access the Return Addresses (to obtain the email/postal mail addresses where this form can be returned).

Report Year: _____

PERMITTEE: _____ **PERMIT NUMBER:** _____

ADDRESS: _____ **PHONE NUMBER:** _____

E-MAIL: _____

_____
City State Zip Code

☐ **Check here if reporting a change of name, address, or contact information**

INSTRUCTIONS: Please type or print the information requested below for all migratory birds held under your permit during the report year, and return the completed report to the above address by **January 31** of the following year. Use of this form is not mandatory, but the same information must be submitted, including the signed certification statement. A supplemental sheet is available if needed. *Do not include species other than migratory birds in your report.* Filing an annual report is a condition of your permit. Failure to file a timely report could result in suspension of your permit. You must submit a report even if you had no activity during the year. **Make sure you sign the certification at the end of the form.** (Ref. 50 CFR parts 13 & 21)

DISPOSITION CODES (Please only use the following): R=Released; T=Transferred; P=Pending; E=Euthanized; D=Died; DoA=Dead on Arrival.

A. BIRDS HELD OVER. Please list each individual bird that was held over from any previous report year for continued care, and provide the following information. For DISPOSITION, check appropriate column. Also complete section E for all Transfers.

Common Name (Enter eagles first)	Date Acquired	Nature of Injury	Disposition (check one)				Date of Disposition
			R	T	E	D	

B. NEW ACQUISITIONS. Please provide a summary of all birds acquired during the report year, categorized and subtotaled by species. The quantity in the **Received** column should equal the sum of the quantities in the **Disposition** column. Also complete sections D and E for Pending and Transferred birds, respectively. All birds, including birds reported in C, D, E, and F must be reported here.

Common Name (Enter eagles first)	Total Number Received	Disposition (enter quantity)					
		Released	Transferred	Pending	Euthanized	Died	DoA
GRAND TOTAL OF EACH COLUMN (including for all supplemental sheets)							

CERTIFICATION: I certify that the above information 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 of permittee/Principal Officer. (No stamped signatures/Electronic signatures accepted) _____ **Date of signature (mm/dd/yyyy)**

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C. REPORTED INJURIES/MORTALITIES. Please complete for each individual bird received that was shot, poisoned (confirmed), electro-cuted, trapped (e.g., foot-hold), or otherwise injured or killed as the result of a potentially criminal activity. (Such incidents should have been reported immediately.) **DISPOSITION CODES:** R=Released; T=Transferred; P=Pending; E=Euthanized; D=Died; DOA=Dead on Arrival.

Common Name (Enter eagles first)	Date Acquired	Cause/Nature of Injury	Disposition (check one)						Source (County & State)
			R	T	P	E	D	DoA	

D. STILL PENDING. Please complete for each individual bird still held as of 12/31 of the report year. Please identify any birds you maintain as foster parents with a circled "F" next to their common name. **DISPOSITION CODES:** R=Released; T=Transferred

Common Name (Enter eagles first)	Date Acquired	Nature of Injury	Proposed Disposition (check one)	
			R	T

E. TRANSFERS. Please complete for each individual LIVE bird you transferred during the report year (1/1-12/31). For Name and **Permit Number or Address**, provide the permit number if applicable; if not applicable, provide name and address. For **Purpose of Transfer**, use the following codes: **R** = Release; **C** = Continued Care; **Live-E/S** = Live- Education or Scientific Research Permit; F/P=Falconry or Raptor Propagation permit; O=Other (please enter permit type).

Common Name (Enter eagles first)	Transferred to (Recipient)			Purpose of Transfer
	Name	Name and Permit Number or Address	Date	

F. OPTIONAL. - DISEASE & CONTAMINANTS. **Providing the information requested below is voluntary.** Please complete for any individual birds received that were tested & were confirmed to have died of infectious disease such as West Nile virus (not parasites), or ingested contaminants such as sodium pentobarbital, carbofuran, or lead. **Note:** The FWS does not require testing of birds for disease or contaminants and the following information request should not be construed as a recommendation to do so. However, for any birds that you chose to have clinically tested that resulted in a confirmed diagnosis, please provide the requested information. Do not include data on birds you *suspect* succumbed as a result of disease or toxins but were not tested, or birds that were tested but results were inconclusive. *Thank you.*

Common Name (Enter eagles first)	Date Acquir-ed	Name of Disease or Contaminant	Concentration of toxin, or if infectious disease, test used for diagnosis	Tissue Tested (e.g., blood/ bone/ brain/ liver/kidney/ GI tract contents)	Name of Lab & State	Source of Bird (County & State)

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B. NEW ACQUISITIONS. Please provide a summary of all migratory birds acquired during the report year, categorized and subtotaled by species. The quantity in the **Received** column should equal the sum quantities in the **Disposition** columns. Also complete sections D and E for Pending and Transferred birds, respectively. All birds, including birds reported in C, D, E, and F must be reported here.

Common Name (Enter eagles first)	Total Number Received	Disposition (enter quantity)					
		Released	Transferred	Pending	Euthanized	Died	DoA
SUBTOTAL OF EACH COLUMN (Enter Grand Total on page 1)							

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A, C, or D. Use as additional space for completing sections A, C, or D. Indicate in the left column the letter of the section that corresponds to the information you provide. **DISPOSITION CODES:** R=Released; T=Transferred; P=Pending; E=Euthanized; D=Died; DoA=Dead on Arrival..

	Common Name (Enter eagles first)	Date Acquired	Cause/Nature of Injury	Disposition (check one)						(A) Date of Disposition or Source: County&State
				R	T	P	E	D	DoA	

E. TRANSFERS. Please complete for each individual LIVE bird you transferred during the report year (1/1 - 12/31). For **Name and Permit Number or Address**, provide the permit number if applicable; if not applicable, provide the name and address. For **Purpose of Transfer**, use the following codes: **R** = Release; **C** = Continued Care; **Live-E/S** = Live- Education or Scientific Research Permit; F/P=Falconry or Raptor Propagation permit; O=Other (please enter permit type).

Common Name (Enter eagles first)	Transferred to (Recipient)			Purpose of Transfer
	Name	Name and Permit Number or Address	Date	

NOTICES

PRIVACY ACT STATEMENT

Authority: The information requested is authorized by the following: the Bald and Golden Eagle Protection Act (16 U.S.C. 668), 50 CFR 22; the Endangered Species Act (16 U.S.C. 1531-1544), 50 CFR 17; the Migratory Bird Treaty Act (16 U.S.C. 703-712), 50 CFR 21; the Wild Bird Conservation Act (16 U.S.C. 4901-4916), 50 CFR 15; the Lacey Act: Injurious Wildlife (18 U.S.C. 42), 50 CFR 16; Convention on International Trade in Endangered Species of Wild Fauna and Flora (TIAS 8249), 50 CFR 23; General Provisions, 50 CFR 10; General Permit Procedures, 50 CFR 13; and Wildlife Provisions (Import/export/transport), 50 CFR 14.

Purpose: The collection of contact information is to verify the individual has an eligible permit to conduct activities which affect protected species. The information the individual provides helps the FWS monitor and report on protected species and assesses the impact of permitted activities on the conservation and management of species and their habitats.

Routine Uses: The collected information may be used to verify an applicant's eligibility for a permit to conduct activities with protected wildlife; to provide the public and the permittees with permit related information; to monitor activities under a permit; to analyze data and produce reports to monitor the use of protected wildlife; to assess the impact of permitted activities on the conservation and management of protected species and their habitats; and to evaluate the effectiveness of the permit programs. More information about routine uses can be found in the System of Records Notice, Permits System, FWS-21.

Disclosure: The information requested in this form is voluntary. However, submission of requested information is required to process applications for permits authorized under the listed authorities. Failure to provide the requested information may be sufficient cause for the U.S. Fish & Wildlife Service to deny the request.

PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), the U.S. Fish and Wildlife Service collects information necessary to monitor take and disposition of migratory birds, under the applicable laws governing the requested activity, for which a permit is requested, and to respond to requests made under the Freedom of Information Act and the Privacy Act of 1974. Information requested in this form is purely voluntary. However, submission of requested information is required in order to process applications for permits authorized under the above laws. Failure to provide all requested information may be sufficient cause for the U.S. Fish and Wildlife Service to deny the request. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1018-0022.

ESTIMATED BURDEN STATEMENT

We estimate public reporting for this collection of information to average 3 hours, including time for reviewing instructions, gathering and maintaining data and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the form to the Service Information Clearance Officer, Fish and Wildlife Service, U.S. Department of the Interior, 5275 Leesburg Pike, MS: BPHC, Falls Church, VA 22041-3803, or via email at Info_Coll@fws.gov. Please do not send your completed form to this address.

FREEDOM OF INFORMATION ACT

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 2.26 – 2.33].