U.S. FISH & WILDLIFE SERVICE - MIGRATORY BIRD PERMIT OFFICE

Return to: U.S. Fish and Wildlife Service (USFWS)

Click here for addresses.

REHABILITATION ANNUAL REPORT - REPORT YEAR _____
Report Due: _____

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: 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 (in blue ink) of permittee/principalofficer (No photocopied or stamped signatures) Date of signature (mm/dd/yyyy)

C. REPORTED INJURIES/MORTALITIES. Please complete for each individual bird received that was shot, poisoned (confirmed), electrocuted, 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)

SUPPLEMENTAL SHEET - REHABILITATION ANNUAL REPORT - Year_____ PERMIT NO. _____ Page ___

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)							

SUPPLEMENTAL SHEET - REHABILITATION ANNUAL REPORT - Year_____ PERMIT NO. _____ Page ____

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 (B) 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	

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/ltr/ltr.html.)

   a. Bald and Golden Eagle Protection Act (16 U.S.C. 668), 50 CFR 22;
   b. Migratory Bird Treaty Act (16 U.S.C. 703-712), 50 CFR 21;
   c. General Provisions, 50 CFR 10;
   d. General Permit Procedures, 50 CFR 13; and
   e. Wildlife Provisions (Import/export/transport), 50 CFR 14.

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 an 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, and 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 Government Accountability 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 for information collection varies depending on the activity for which a permit is requested. The relevant burden for a Rehabilitation permit annual report is 3 hours. 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 2.26 – 2.33].

U.S. Fish & Wildlife Service

Migratory Bird Regional Permit Offices

FWS REGION	AREA OF RESPONSIBILITY	MAILING ADDRESS	CONTACT INFORMATION
Region 1	**Hawaii, Idaho, Oregon, Washington**	911 N.E. 11th Avenue Portland, OR 97232-4181	Tel. (503) 872-2715 Fax (503) 231-2019 Email *permitsR1MB@fws.gov*
Region 2	**Arizona, New Mexico, Oklahoma, Texas**	P.O. Box 709 Albuquerque, NM 87103	Tel. (505) 248-7882 Fax (505) 248-7885 Email *permitsR2MB@fws.gov*
Region 3	**Iowa, Illinois, Indiana, Minnesota, Missouri, Michigan, Ohio, Wisconsin**	5600 American Blvd. West Suite 990 Bloomington, MN 55437-1458 (Effective 5/31/2011)	Tel. (612) 713-5436 Fax (612) 713-5393 Email *permitsR3MB@fws.gov*
Region 4	**Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virgin Islands, Puerto Rico**	P.O. Box 49208 Atlanta, GA 30359	Tel. (404) 679-7070 Fax (404) 679-4180 Email *permitsR4MB@fws.gov*
Region 5	**Connecticut, District of Columbia, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Virginia, Vermont, West Virginia**	P.O. Box 779 Hadley, MA 01035-0779	Tel. (413) 253-8643 Fax (413) 253-8424 Email *permitsR5MB@fws.gov*
Region 6	**Colorado, Kansas, Montana, North Dakota, Nebraska, South Dakota, Utah, Wyoming**	P.O. Box 25486 DFC(60154) Denver, CO 80225-0486	Tel. (303) 236-8171 Fax (303) 236-8017 Email *permitsR6MB@fws.gov*
Region 7	**Alaska**	1011 E. Tudor Road (MS-201) Anchorage, AK 99503	Tel. (907) 786-3693 Fax (907) 786-3641 Email *permitsR7MB@fws.gov*
Region 8	**California, Nevada**	2800 Cottage Way Room W-2606 Sacramento, CA 95825	Tel. (916) 978-6183 Fax (916) 414-6486 Email*permitsR8MB@fws.gov*