

Appendix A

Certificate of Intent to Participate in the Florida Scrub-Jay Umbrella Habitat Conservation Plan

I, _____ (applicant's name) have read and understand that by signing below I am agreeing to accept the terms and conditions of the Florida Scrub-Jay Umbrella Habitat Conservation Plan (HCP/EA) and to abide by the conditions of the Federal incidental take permit issued in response to my application to the U.S. Fish and Wildlife Service.

By incorporating the HCP/EA as part of my incidental take permit application, I agree to implement the minimization and mitigation measures of the HCP/EA and contribute \$_____ to mitigate for the take of the threatened Florida scrub-jay resulting from the loss of _____ acre of occupied habitat.

I have sufficient authority or rights over the property for which I am requesting incidental take authorization to implement the measures of the umbrella HCP/EA, including, but not limited to, the ability to control the timing of land-clearing and other activities that will result in take of scrub-jays.

I understand that the Federal incidental take permit issued in response to this application will be valid for a period of one year from the effective date. I do not intend or expect to transfer the permit to any other person or entity.

The property for which I am requesting incidental take authorization is individually identified as follows (complete separate copies of this form if you are requesting take authorization for multiple properties):

Parcel/Plat Number (required): _____

Township/Range/Section (if known): Township ___ S, Range ___ E, Section _____

County (Required): _____

Physical Address (if available): _____ (Street)

_____ (Suite, etc.)

_____ (City, State, Zip)

Attach plat map if available

(signed name of applicant)

(daytime telephone number)

(printed name of applicant)

(email address if available)

(date)