OMB Control No. 1018-0022 Expires 08/312023



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).

obtain the email/postal mail addresses when	re this form can	be ret	turned).		Rep	ort Yea	r:						
PERMITTEE:			PEI	RMIT NUMBER	·								
ADDRESS:	PHO	PHONE NUMBER:											
ADDICEOU.				IAIL:									
City ☐ Check here if reporting a change of	State name, address		Zip Code										
INSTRUCTIONS: Please type or print the return the completed report to the above a information must be submitted, including tother than migratory birds in your report. It suspension of your permit. You must submoft the form. (Ref. 50 CFR parts 13 & 21) DISPOSITION CODES (Please only use the	address by <u>Jan</u> the signed certif Filing an annual mit a report even the following): R	uary 3 icatior repor n if yo =Relea	11 of the followin 1 statement. A s 1 is a condition 1 u had no activity 1 ased; T=Transfe	ng year. Use of upplemental short your permit. y during the year rred; P=Pendin	this form i eet is avai Failure to ir. Make s g; E=Euth	s not m ilable if file a ti sure yo nanized	iandato needee mely re u sign ; D=Di	ory, bu d. <u>Do l</u> eport o the c	t the sa not incl could re ertifica	ame ude sp esult in tion at	ecies the end Arrival.		
A. <u>BIRDS HELD OVER</u> . Please list each following information. For DISPOSITION,	check appropri	nat wa ate co	as held over froi lumn. Also con	m any previous iplete section E	report yea for all Tra	ar for co ansfers	ontinue	ed care	e, and p	orovide	tne		
Common Name (Finter contenting)	Nationa	af lairm.	Dispo		•	Date of Disposition							
Common Name (Enter eagles first)	Acquired		Nature	of Injury		R	Т	E	D	DIS	position		
B. <u>NEW ACQUISITIONS</u> . Please provide quantity in the Received column should ed Transferred birds, respectively. <u>All</u> birds, in	qual the sum of	the que porte	antities in the C	Disposition colu d F must be rep	ımn. Also orted her	comple e.	te sec	tions [by spe and E	<u>cies</u> . T for Pe	he ending and		
Common Name (Enter eagles first)	Receive		Released	on (enter quantity) ing Euthanized D				ed	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	knowled	ge. I u	nderst	and th	nat anv	false			
statement herein may subject me to the						-			,				
Signature of permittee/Principal Officer.	(No stamped	signa	tures/Electroni	c signatures a	ccepted)	_	Date	of sig	nature	(mm/	dd/vvvv)		

PERMIT NO.

Pg.

C. REPORTED INJURIES/M trapped (e.g., foot-hold), or oth immediately.) DISPOSITION (herwise inj	ured or kill	ed as the re	sult of a	potentia	ally crim	inal activi	ty. (S	uch i	ncider	nts sho	uld hav	ve be					
Timile diately.) Diei Corrier	10020.1	11000000	T Transic	1100, 1	Tonding		ispositio				Jud OII	1	••					
Common Name (Enter eagles first)		Date Acquired	Cause/N of Inju		R	Т	Р	E		D	DoA	<u> </u>	<u>Source</u> (County & State)					
, ,																		
D. STILL PENDING. Please	complete	for each in	 dividual bird	l still he	ld as of	12/31 of	the reno	rt veai	r Pl	ease id	lentify	any hir	rds vo	ıı mainta	in as			
foster parents with a circled "I	F" next to t	their comm	on name. I	DISPOS	ITION C	ODES:	R=Relea	sed; T	=Tra	nsferre	ed	arry bii	uo yo	a mama	iii uo			
Common Nam	e												Pr					
(Enter eagles fir		Da	te Acquirec	·			Nature o	of Inju	ry					Proposed Dispositio (check one)				
															<u> </u>			
E. TRANSFERS. Please of Number or Address, provide following codes: R = Release Propagation permit; O=Other	e the perm se; C = Co	it number i Intinued Ca	f applicable; are; Live-E/ \$	if not a	pplicabl	e, provid	de name	and ac	ddres	s. Fo	r Purp	ose of	f Trar	isfer, use	e the			
	**		<i>,</i> ,															
Common Namo		<u> </u>	, , , , , , , , , , , , , , , , , , ,		Trans	ferred t	o (Recipi	ient)						D	urnoso			
Common Name (Enter eagles first)		Nam		Na			o (Recipi Number		ddre	ss		Da	ate		urpose Transfer			
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		Nam		Na					ddre	ss		Da	ate		•			
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(Enter eagles first)			le		me and	Permit	Number	or Ac			Pleas			of 1	ransfer			
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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, <u>categorized and subtotaled by species</u>. 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	Total Number				enter quantity)		
(Enter eagles first)	Received	Released	Transferred	Pending	Euthanized	Died	DoA
			<u> </u>				
SUBTOTAL OF EACH COLUMN							
(Enter Grand Total on page 1)							

(A) Date of Disposition or Source: County&State

Common Name

(Enter eagles first)

SUPPLEMENTAL SHEET - REHABILITATION ANNUAL REPORT - Year_

Date

Acquired

PERMIT NO.

Disposition (check one)

Ε

D

DoA

Ρ

Page

F	TRANSFERS Please com	plete for	r each individ	ual LIVE bird	vou transferred di	ırina tl	ne reno	ort vea	r (1/1 -	- 12/31) For	Name	e and Per	mit
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).										use the opagation				
	Common Name (Enter				Transferred	to (Re	cipien	t)						Purpose
	eagles first) Name			Name and Permit Number or Address Date									of Transfer	
	eagles first)		Name		Name ai	nd Per	mit Nu	ımber	or Ad	dress			Date	
-														

A, C, or D. Use as <u>additional space</u> 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..

Cause/Nature

of Injury

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 averages:

Original submission - paper-based: 2 hours 30 minutes (reporting) and 30 minutes (recordkeeping) Original submission - electronic: 2 hours (reporting) and 30 minutes (recordkeeping)

These estimates include 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: PRB/PERMA (JAO), 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].