

GENERAL DESERT TORTOISE QUALIFICATIONS STATEMENT

This form should be used to provide your qualifications to agency officials if you monitor project activities or intend to handle or survey desert tortoises during construction or other projects authorized under Sections 7 (Biological Opinions) or 10 (HCPs) of the Endangered Species Act. If you seek approval to attach/remove/insert any devices or equipment to/into desert tortoises, withdraw blood, or conduct other procedures on desert tortoises, a recovery permit or similar authorization may be required.

Application for a recovery permit requires completion of Form 3-200-55, which can be downloaded at <http://www.fws.gov/forms/3-200-55.pdf>. Supplemental information for the recovery permit application should be provided with the form, *Statement of Skills and Experience with Specialized Desert Tortoise Procedures*, which is available from a U.S. Fish and Wildlife Service (USFWS) Field Office.

1. Contact Information:

Name	
Address	
City, State, Zip Code	
Phone Number(s)	
Email Address	

2. Date of Statement:

3. States in which project occurs (check all that apply):

California Nevada Utah Arizona

4. Please provide information on the project:

USFWS Biological Opinion or HCP No.		Date:
Project Name		
Federal Agency		
Proponent or Contractor		

5. Education: Provide up to three schools, listing most recent first:

Institution	Dates attended	Major/Minor	Degree received
a.			
b.			
c.			

6. Desert Tortoise Training.

Name/Type of Training	Dates (From/To)	Location	Instructor/Sponsor
1.			
2.			
3.			
4.			

7. Experience – Include only those positions relevant to the requested work with desert tortoises. Distinguish between Mojave desert tortoise and other experience. Include only your experience, not information for the project you worked on (*e.g.*, if 100 tortoises were handled on a project and you handled 5 of those tortoises, include only those 5). List most recent experience first. Handling a Mojave desert tortoise must be authorized by a Biological Opinion or other permit and reported to the USFWS. Information provided in this section will be used by the USFWS to track the numbers of tortoises affected by previous projects (baseline). **Be sure to include a project contact that can verify your skills and experience.** Attach additional sheets as necessary.

Have you been previously approved to conduct field work with desert tortoises?

If yes, provide the following:

USFWS File No. (if known)	
Date of Approval	
Approving Office	
Project Name	
What were you approved to do?	

Experience by project and activity:

Project Name, Biological Opinion or Permit No., Job Title	Dates (From- To)	Project Contact- name, phone no., & Email address														
			Conduct clearance surveys (Hrs/Days)	Excavate tortoise burrows (No.)	Locate tortoises (No. < 100mm, No. ≥ 100mm)	Relocate tortoises (No.)	Locate, excavate, and relocate tortoise nests (No.)	Construct artificial burrows (No.)	Present desert tortoise awareness training (No.)	Monitor project equipment and activities (Hrs/Days)	Oversee project compliance (Hrs/Days)	Supervise field staff (Hrs/Days)	Collect data on tortoise sign and activity (Hrs/Days)	Tortoise fence inspection (Hrs/Days)	Other (specify)	
1.																
2.																
3.																
4.																
5.																
6.																
Are you seeking approval to independently conduct this activity (Y or N)?																

Summary of experience:

<p>a. Total time spent for all desert tortoise-related field activities (referenced above): Specify: Total number of hours: -OR Total number of 8-hour days:</p>
<p>b. Total number of miles/kilometers walked conducting survey transects:</p>
<p>c. Total number of <u>wild, free-ranging</u> desert tortoises you personally handled: <100 mm: ≥100 mm:</p>

9. References. Provide 3 references that can verify your field qualifications and skills. Include project managers, training instructors, biologists, agency representatives, etc. Avoid using co-workers or employers:

Name	Employer/Position	Address/Location	Phone Number	Email
1.				
2.				
3.				

I certify that the information submitted in this form is complete and accurate to the best of my knowledge and belief. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. Ch.47, Sec. 1001.

Signed: _____

Date: _____