OMB Control #1028-0082 Approval expires:2/28/2027

U.S. GEOLOGICAL SURVEY PWRC – BIRD BANDING LABORATORY 12100 BEECH FOREST ROAD, STE-4037 LAUREL, MD 20708-4037

, 1849	APPLICATION FOR FEDERAL
BIRI	D BANDING OR MARKING PERMIT

			ripprovar expir	CB.2/20/2021
DO NOT FILL THIS BLOCK				
RF		SFR	Applic. No.	Date Sent
			**	
SP a b c	defoh			
51 4 0 0	a c i g ii			
ST			NE	
SP				

1. APPLICANT'S NAME – (Last, first, middle initial)	1a. NEW PERMIT Renewal Permit #	2. BIRTH DATE (mm/dd/yyyy)		
3. HEIGHT ft in. WEIGHT lbs. HAIR COLOR	EYE COLOR	GENDER M F		
4. HOME ADDRESS AND ZIP CODE – (Use this address for correspondence)	5. BUSINESS ADDRESS AND ZIP C	ODE (Use this address for correspondence)		
Phone Number: Area Code ()	Phone Number: Area Code ()	x		
Fax Number: Area Code ()	Fax Number: Area Code () _	-		
Email address:	Email address:			
6. TYPE OF PERMIT APPLIED FOR: Master-Personal (do not complete item 6a) Master-Station (Complete item 6a) 7. DO YOU PRESENTLY POSSESS, HAVE YOU EVER POSSESSED, OR DO YOU HAVE APPLICATIONS PENDING FOR OTHER FEDERAL MIGRATORY BIRD PERMITS? NO YES (if "yes" give type of permit, number, date of issue, expiration and/or application)				
8. DO YOU WISH TO HAVE BLOOD SAMPLING AUTHORIZED? NO YES (if yes, please provide the following information.)				
Name and permit number of Master Permittee requiring permission:	Species			
Master Permittee Permit #	Site of blood draw or technique			
Why is blood needed? How will it be used?				

Applicant's qualifications for blood sampling (or attach a resume of experience, indicating dates, locations, trapping technique, species, number of birds handled, etc.).				
O DO VOU WISH TO HAVE FEATHER SAMPLING AUT	LUUDIAED3	NO YES (if yes, please provide the following information.)		
9. DO YOU WISH TO HAVE FEATHER SAMPLING AUTHORIZED?		Species		
Name and permit number of Master Permittee requiring perm	IIISSIOII.	Species		
Master Permittee Permit #	<u></u>	What feathers will be taken and how many?		
Why are feathers needed? How will they be used? _				
Applicant's qualifications for feather sampling (or attach a re		ce, indicating dates, locations, trapping technique, species, number of		
birds handled, etc.).	esume of experien	te, muicating dates, rocations, trapping technique, species, number of		
10 SPECIES VOLUDI AN TO RAND/MARK _ by groups				
10. SPECIES YOU PLAN TO BAND/MARK – by groupsa. Waterfowl – ducks, geese and swans		ered/threatened" species – those designated by the Secretary of the as endangered/ threatened. Specify which species:		
-	Interior us c	addingered diseases. Specify which species.		
b. Doves and pigeons	C Elag hal			
c. Passerines and near-passerinesd. Shorebirds		ld and/or golden except eagles or "endangered/threatened"		
d. Sholedhas	h. Other. Spec	sify:		
11 INDICATE STATES OR COUNTRIES OTHER THAN	YOUR STATE/O	COUNTRY OF RESIDENCE IN WHICH YOU WISH TO BAND		
BIRDS – (Attach a brief statement of your need to band in an				

OMB Control #_1028-0082 Approval expires: 2/28/2027

				ripprovar expires. 2/20/2027
12. DO YOU WISH TO HAVE AUTHORIZATION TO USE:	MIST NETS	Yes	No	
	ROCKET NETS	Yes	No	
	CANNON NETS	Yes	No	
If "yes" to any of the above, please attach a resume with your ex	sperience with such ne	ts. Please lis	st all other cap	pture techniques you intend to use.
13. DO YOU WISH AUTHORIZATION AT THIS TIME TO U	JSE AUXILIARY MA	RKERS IN	ADDITION '	TO THE STANDARD
NUMBERED METAL LEG BAND? NO YES	(if yes, please provide	the followin	g informatior	1)
Name and permit number of Master Permittee requiring permissi	ions: Species			
	Techniqu	es used		
Master Permittee Permit #				
	Types of	marker used	d	
VVI 11 1 10 IV 11 1	10			
Why are auxiliary markers needed? How will they be u	sed?			
Applicant's qualifications for auxiliary markers (or attach a resubirds handled, etc.)	me of experience, indi	cating dates	, locations, tra	apping technique, species, number of
birds handled, etc.)				
14. ATTACH A ONE-PAGE DESCRIPTION OF WHAT YOU				
Permits are only issued for management banding and original re-	search beneficial to the	public and	U.S. Geologi	cal Survey.
15. REFERENCES – (List names, email addresses and complet	e mailing addresses of	at least thre	e licensed bir	d banders or other ornithologists
whom we may consult concerning your qualifications for a feder	ral bird marking permi	t. Preferably	, they should	have worked with you in the field as a
bander.)				

NOTICE

In accordance with the Paperwork Reduction Act (PUB.L. 96-511), Privacy Act of 1974 (PUB.L. 93-579), please be advised that:

- 1. The gathering of information on migratory birds and their uses is authorized by the Migratory Bird Treaty Act (16 U.S.C. 703-711) and the Fish and Wildlife Act of 1956 (16 U.S.C. 742d). The requested information is required as a condition of your migratory bird permit.
- 2. Information from this application will be used to further the understanding, management, and utilization of the North American migratory bird resource, by Federal, State, and private conservation organizations, and the Canadian Wildlife Service.
- 3. Failure to answer any questions fully may be sufficient cause for the U.S. Geological Survey to deny your permit. Your participation in the survey is voluntary.
- 4. In the event there is an indicated violation of a statute, regulation, rule, order, or license, whether civil, criminal, or regulatory in nature, the requested information may be transferred to the appropriate Federal, State, local, or foreign agency charged with investigating or prosecuting such violations.
- 5. In the event of litigation involving the records of the subject matter of the records, the requested information may be transferred to the U.S. Department of Justice.

PAPERWORK REDUCTION ACT STATEMENT: A Federal 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. It is our policy not to use your name for any purpose other than completing our banding records. All names and identifying information are protected by the Privacy Act of 1974. Your response is required to obtain a benefit in the form of a permit. We estimate that it will take you about 30 minutes to read the instructions and fill in the requested information. Comments regarding this collection of information should be directed to: The Bureau Clearance Officer, U.S. Geological Survey, 12201 Sunrise Valley Drive, MS160, Reston, Virginia 20192. Thank you for your cooperation.

PRIVACY ACT STATEMENT:

AUTHORITY: The Migratory Bird Treaty Act (16 U.S.C. § 703-712) and the Bald and Golden Eagle Protection Act (16 U.S.C. § 668-668d).

PRINCIPAL PURPOSE: The principal purpose for collecting the information is to manage banding permits and sub permits issued by the Bird Banding Laboratory (BBL), and to provide contact information for Certificates of Appreciation and other rewards to people who report bird bands to the BBL.

ROUTINE USE: To manage banding permits and sub permits issued by the BBL that authorizes bird banding activities in the United States and its Territories, and for other necessary actions required to manage and maintain the United States bird banding program within the intent of the authorizing legislation. Contact information will be shared with Canadian, Federal and state agencies upon request. Contact information will be shared with the approved bird bander for the purpose of providing the bander the opportunity to obtain additional information if needed.

DISCLOSURE IS VOLUNTARY: All information is voluntary. Individuals have the option to not provide the contact information. Individuals applying for banding permits will not be allowed to participate in the program if contact information is declined. Those reporting a bird band to the BBL do not have to provide contact information to report encounters.

I hereby certify that I have read and am familiar with the regulations contained in Title 50, Parts 13 & 21, of the Code of Federal Regulations and the other applicable parts in Subchapter B of Chapter 1 of Title 50, and I further certify that the information submitted in this application for a permit is complete and accurate to the best of my knowledge and belief. I have not been convicted of, entered a plea of guilty or nolo contendere for a felony violation of the Lacey Act, Migratory Bird Treaty Act, or the Bald and Golden Eagle Protection Act. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. 1001. I realize that I must comply with the rules and requirements in the Bird Banding Manual and that marking and/or salvaging birds requires a significant amount of my time if a permit is issued. I agree to maintain and submit data promptly and in the prescribed format, to cooperate fully with the U.S. Geological Survey in the Bird Marking Program, and to abide by the terms and limitations of that permit.

Signature	Date