



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

**APPLICATION FOR FEDERAL
BIRD BANDING OR MARKING PERMIT**

DO NOT FILL THIS BLOCK

RF	SFR	Applic. No.	Date Sent
SP a b c d e f g h			
ST		NE	
SP			

1. APPLICANT'S NAME – (Last, first, middle initial)		1a. <input type="checkbox"/> New Permit <input type="checkbox"/> Renewal Permit # _____	2. BIRTH DATE (mm/dd/yyyy)
3. HEIGHT _____ ft. _____ in. WEIGHT _____ lbs. HAIR COLOR _____ EYE COLOR _____ GENDER _____ Male _____ Female			
4. HOME ADDRESS AND ZIP CODE – (<input type="checkbox"/> Use this address for correspondence) Phone Number: Area Code () _____ - _____ Fax Number: Area Code () _____ - _____ e-Mail address: _____		5. BUSINESS ADDRESS AND ZIP CODE -- (<input type="checkbox"/> Use this address for correspondence) Phone Number: Area Code: () _____ - _____ Fax Number: Area Code () _____ - _____ e-Mail address: _____	
6. TYPE PERMIT APPLIED FOR: ___ Master-Personal (do not complete item 6a) ___ Master-Station (Complete item 6a) ___ Subpermit (Complete item 6a)		6a. NAME AND ADDRESS OF SPONSORING ORGANIZATION OR MASTER PERMITTEE	
7. DO YOU PRESENTLY POSSESS, HAVE YOU EVER POSSESSED, OR DO YOU HAVE APPLICATIONS PENDING FOR OTHER FEDERAL MIGRATORY BIRD PERMITS? ___ Yes ___ No (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 BBL the following information.)			
Master Permittee name, number and any Subpermittees that require permissions		Species _____	
_____		Site of blood draw or technique _____	
Master Permittee _____ Number _____		_____	
Subpermittees' Names _____		Volume of blood to be taken? _____	
_____		Why is blood needed? How will it be used? _____	
_____		_____	

Applicant's qualifications (or attach a resume of experience)

9. DO YOU WISH TO HAVE FEATHER SAMPLING AUTHORIZED? ___ NO ___ YES (if yes, please provide the BBL the following information.)

Master Permittee name, number and any Subpermittees that require permissions

Species _____

What feathers will be taken and how many? _____

Master Permittee

Number

Subpermittees' Names

Why are feathers needed? How will they be used?

Applicant's qualifications (or attach a resume of experience)

10. SPECIES YOU PLAN TO MARK – by groups

- ___ a. Waterfowl – ducks, geese and swans
- ___ b. Migratory webless gamebirds – doves, pigeons, snipe, coot, gallinules, woodcock, rails, sandhill cranes
- ___ c. Blackbirds – grackles, cowbirds, yellow-headed, red-winged, tri-colored blackbirds, starlings.
- ___ d. All species except waterfowl, eagles, or endangered/threatened species

___ e. "Endangered/threatened" species – those designated by the Secretary of the Interior as endangered/ threatened." Specify which species:

- ___ f. Eagles – bald and/or golden
- ___ g. All raptors except eagles or "endangered/threatened"
- ___ h. Other. Specify: _____

11. INDICATE STATES OR COUNTRIES OTHER THAN YOUR STATE/COUNTRY OF RESIDENCE IN WHICH YOU WISH TO BAND BIRDS – (Attach a brief statement of your need to band in any non-resident state.)

12. DO YOU 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 experience with such nets, This information is needed to ensure that skills are present before these devices are authorized.)

13. DO YOU WISH AUTHORIZATION AT THIS TIME TO USE AUXILIARY MARKERS IN ADDITION TO THE STANDARD NUMBERED METAL LEG BAND? No Yes (if yes, please provide the BBL the following information)

Master Permit name, number and any Subpermittees that require permissions

Species _____

Techniques used _____

Type of marker used _____

Master Permittee _____ Number _____

Why are auxiliary markers needed? How will they be used?

Subpermittees' Name _____

Applicant's qualifications (or attach a resume of experience)

14. ATTACH A ONE PAGE DESCRIPTION OF WHAT YOU HOPE TO ACCOMPLISH BY BANDING BIRDS.
Permits are only issued for management banding and original research beneficial to the public and U.S. Geological Survey.

15. REFERENCES—(List names and complete addresses of at least three licensed bird banders or other ornithologists whom we may consult concerning your qualifications for a federal bird marking permit.)

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 voluntary. 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.*

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