#### Reportband.gov: Users report recovery of a bird band electronic submission

#### Introduction page



PAPERWORK REDUCTION ACT STATEMENT: In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Migratory Bird Treaty Act, 16 U.S.C. 703-712. Your response is voluntary. We estimate that it will take approximately 2 minutes to prepare and submit the recovery report. 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 Office of Management and Budget control number. OMB has reviewed and approved this information collection and assigned OMB Control Number 1028-0082. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, U.S. Geological Survey, 12201 Sunrise Valley Drive, MS 807, Reston, VA 20192.

### 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.

# **Beginning Page**



# Patuxent Wildlife Research Center Bird Banding Laboratory

Introduction	Beginning	About Band, Bird, and Date	Marker Info	Encounter Location	Contact Info	Verification
Please sele	ct all the opt	ions that apply to you:				
☐ I am the f	inder or am re	eporting on behalf of the find	ler.			
☐ I am a bir	d bander or a	a bander's assistant.				
☐ I am Fed	eral, State, or	Provincial official.				
I am report	ing a:					
Numbere	d metal Feder	ral band.				
O Numbere	d metal Feder	ral band and color marker fr	om the same b	ird.		
O Color ma	rker only.					
<< Go B	ank 1				ontinue >>	1

### Data collection page



#### Introduction Beginning About Band, Bird, and Date Marker Info **Encounter Location** Contact Info Verification Do you know the species? ○ Yes ○ No Band Number If you do not know the band number and only want to report the color marker, please click here. Is the band too worn to read? If so, please contact us at bandreports@usgs.gov or 301-497-5825 Reward Number (if present) How obtained? Please select how the bird/band was obtained Please select a band condition > Status of the band Please select a bird condition $\checkmark$ Status of the bird Date of encounter mm/dd/yyyy If you do not know the exact date you encountered the bird click here Comments Maximum 250 characters << Go Back Continue

# **Contact information page**



Environment Canada Canadian Wildlife Environnement Canada

de la faune





## Patuxent Wildlife Research Center Bird Banding Laboratory

Introduction	Beginning	About Band, Bird, and Date	Marker Info	Encounter Location	Contact Info	Verification			
Please ente	er your co	ntact information:							
	_								
1. First Name									
Last Naı	ne								
Email									
Daytime Phone		(please enter digits only, it will be formatted automatically)							
Country		United States		~					
Street A	ddress								
	Ī								
(Please I	Note: For U	S locations, you only need	l to provide A	ddress and Zip Cod	e;				
City and	State will b	e filled in by system autor	matically.)						
Zip or Po	stal Code								
City									
State									
Would yo ● Yes		ceive a certificate of the	banding data	via email?					
		ply to any additional contact	s as well.						
		Add Addit	ional Contact						
<< Go Ba	ick					Co			