

# **DEPREDATION CONTROL**

## **2010 RENEWAL APPLICATION - ANNUAL REPORT**

COMPLETE APPLICATION - TYPE OR PRINT CLEARLY - ATTACH ADDITIONAL SHEETS IF NECESSARY. NO PERMIT WILL BE ISSUED WITHOUT A COMPLETED APPLICATION AND CORRECT FEE.

**ONLY USE THIS RENEWAL IF YOU HAVE BEEN ISSUED A PREVIOUS YEAR PERMIT. IF YOU HAVE NOT BEEN ISSUED A PREVIOUS YEAR PERMIT, YOU MUST COMPLETE AN INITIAL APPLICATION WHICH IS ALSO AVAILABLE ON THE DIVISION'S WEBSITE: [www.njfishandwildlife.com](http://www.njfishandwildlife.com)**

**PLEASE CIRCLE ONE: RENEW THIS PERMIT    DO NOT RENEW THIS PERMIT**

**IMPORTANT NOTE: An Annual Report is required even if you are not renewing. If you are not renewing - DO NOT SUBMIT FEE.**

**DEPREDATION CONTROL PERMIT NUMBER: DC 29** <sup>xxx</sup>  
*2009 Permit Number MUST BE SUPPLIED*

NAME Your Business Name

ADDRESS 123 Main Street  
Street

Anytown NJ xxxxxx-xxxx  
City State Zip Code with Extension

New Jersey County Any County Fax Number: (xxx) xxx-xxxx

Home Phone: (xxx) xxx-xxxx Work Phone: (xxx) xxx-xxxx

E-mail Address: johndoesemail@emailaddress.com

Website Address (if applicable): www.johndoessquirrelremoval.com

INSTITUTION NAME N/A  
(If applicable)

INSTITUTION ADDRESS MUST BE PROVIDED Street

City State Zip Code with Extension

Phone: ( ) Fax Number:

**RENEWAL APPLICATION - ANNUAL REPORT - REQUIRED. On the following pages, describe in detail your previous year activities including detailed information on Specimens Depredated. (ATTACH ADDITIONAL SHEETS AS NECESSARY).**

***THIS INFORMATION MUST BE SUBMITTED WITH YOUR RENEWAL APPLICATION - ANNUAL REPORT OR YOUR PERMIT WILL NOT BE RENEWED AND YOU MAY BE SUBJECT TO PENALTIES, FINES, POSSIBLE REVOCATION OF YOUR PERMIT AND/OR OTHER LEGAL RAMIFICATIONS. YOU MUST SUBMIT THIS INFORMATION EVEN IF YOU DO NOT WISH TO RENEW YOUR PERMIT.***

# General Conditions for Depredation Control Permits

In an effort to minimize disturbance during nongame Depredation Control activities, the Wildlife Permits Unit, Exotic and Nongame Section defines additional requirements as part of the conditions of your permit. These conditions will assist the Division of Fish and Wildlife Law Enforcement personnel and other applicable agencies.

- ❑ A photocopy of your current Depredation Control Permit must be carried by all permittees and subpermittees while in the field and shown upon request to authorized personnel while engaged in Depredation Control activities. All specific and general conditions must be strictly adhered to.
- ❑ Unauthorized persons may not participate in Depredation Control. Only authorized permittees for the specific site should conduct Depredation Control activities. Violation of these conditions could result in penalties, fines and/or possible revocation of your permit.
- ❑ Depredation Control activities for Migratory Birds, requires a current applicable Federal Fish and Wildlife Permit. Sub-permittees must be listed on the Federal Permit as well as on the New Jersey Depredation Control Permit.
- ❑ Observation of illegal salvage activities should be reported to the appropriate Division of Fish and Wildlife Law Enforcement office with as much relevant information as possible (license plate numbers, etc.). Note the following Law Enforcement phone numbers: Northern Region Office: (908) 735-8240; Central Region Office: (609) 259-2120; Southern Region Office: (856) 629-0555.
- ❑ All New Jersey State Depredation Control permits expire December 31 of the calendar year. A summary of Depredation Control activities must be submitted to the Wildlife Permits Unit, Exotic and Nongame Section within 31 days of expiration of the permit.



**PLEASE ATTACH PHOTOCOPIES OF ALL CURRENT, APPLICABLE PERMITS INCLUDING STATE & FEDERAL USDA, U.S. FISH & WILDLIFE SERVICE, ETC.**

**DEPREDATION CONTROL ACTIVITIES ARE STRICTLY PROHIBITED UNTIL CURRENT NJ STATE AND FEDERAL PERMITS (*IF APPLICABLE*) HAVE BEEN ISSUED.**

***IT IS YOUR RESPONSIBILITY TO OBTAIN A VALID, APPLICABLE AND UPDATED FEDERAL PERMIT WHEN DEALING WITH MIGRATORY BIRDS. A NEW JERSEY STATE PERMIT FOR ANY ACTIVITY CONCERNING MIGRATORY BIRDS MUST BE ISSUED WITH A CURRENT CORRESPONDING FEDERAL PERMIT. ATTACH PHOTOCOPIES OF ANY RELEVANT FEDERAL PERMITS YOU POSSESS OR HAVE APPLIED FOR. PLEASE CONTACT THE FEDERAL OFFICE FOR MORE INFORMATION: US FISH & WILDLIFE SERVICE, Migratory Bird Permit Office, PO Box 779, Hadley, MA 01035-0779. Phone: (413) 253-8643.***

**IF YOUR FEDERAL PERMIT HAS EXPIRED, ARE YOU ATTEMPTING TO RENEW YOUR FEDERAL PERMIT? PLEASE CIRCLE ONE:      YES      **NO****

**PREVIOUS YEAR OF ISSUE DEPREDATION CONTROL ACTIVITIES**

Describe previous year of issue DEPREDATION PROBLEM and define JUSTIFICATION for DEPREDATION CONTROL. Include the specific damage caused by the Migratory Birds and the length of time it had occurred, including the Migratory Species involved. Describe locations including complete addresses. Describe method of Depredation Control including the total number of individuals of each species deprecated. Describe disposition of carcasses including method used and complete address of facility where specimens were deposited. Describe any Depredation Control research activities that were conducted. (ATTACH ADDITIONAL SHEETS AS NECESSARY).

Depredation permit is for the entire state of New Jersey.

The reason these animals were controlled is because they were causing damage to structures.

**IF NO DEPREDATION ACTIVITIES TOOK PLACE; SUBMIT A WRITTEN STATEMENT INDICATING THIS.**

**ANTICIPATED CURRENT YEAR OF ISSUE**  
**DEPREDATION CONTROL ACTIVITIES**

**Describe anticipated locations where DEPREDATION CONTROL will occur (include complete addresses).**

We expect to again be working all over the state of New Jersey.

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**Describe your anticipated method of DEPREDATION CONTROL. Include the total number of individuals of each species that will be taken.**

Poison, traps.

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Moles - 100

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Voies - 300

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Flying squirrels - 30

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**DISPOSITION OF CARCASSES. Indicate how specimens will be disposed of as well as NAME and complete ADDRESS of facility where specimens will be deposited.**

Disposed of at landfills.

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List NAME, complete HOME & WORK ADDRESS and HOME & WORK TELEPHONE NUMBERS OF ALL SUBPERMITTEES. Subpermittees should be limited only to those absolutely needed to carry out activities. (IF APPLICABLE – All subpermittee names should correspond to current relevant Federal and State Depredation Permits).

Steve Technician, address, phone number

Mike Technician, address, phone number

Joe Technician, address, phone number

Tony Technician, address, phone number

Describe any DEPREDATION CONTROL Research Studies that will be conducted in the current year of issue.

N/A

Do you request any changes in your permit, other than the changes already listed on this form? If YES, please list: (use additional paper as necessary)

N/A



**RENEWAL DUE DATE: JANUARY 31  
OF CURRENT YEAR OF ISSUE**

**FEE: \$22.00**

**SUBMIT CHECK OR MONEY ORDER ONLY**

**(CHECK OR MONEY ORDER MUST HAVE**

**COMPLETE NAME AND MAILING ADDRESS OF APPLICANT)**

**Make payable to: NJ Division of Fish and Wildlife**

I hereby affirm that I have read this application and agree to abide by all New Jersey Exotic and Nongame regulations. I hereby affirm that the information provided by me and/or my company on this application is true to the best of my knowledge. I understand that any false representation by the applicant or a permittee who knows or reasonably should know that the representation is false, and who has submitted the representation to induce the Department to issue a permit or take any other action, shall subject the applicant or permittee to all penalties available under State law, including revocation of any permit obtained based upon false information. All permits issued are valid only when used by the permittee in accordance with the terms and conditions of the permit and the regulations governing that permit. I have read these conditions and by signing and dating this application, I acknowledge and agree to all of the permit stipulations and regulations.

**OWNER NAME** John Doe, owner  
*Please Print Legibly*

**OWNER SIGNATURE** SIGN YOUR NAME HERE **DATE** Today's Date  
*SIGNATURE MUST BE PROVIDED* *DATE MUST BE PROVIDED*

**Return Renewal Application with fee to:**

**DIVISION OF FISH AND WILDLIFE  
WILDLIFE PERMITS UNIT  
Exotic & Nongame Wildlife Permits  
26 Route 173 West  
Hampton NJ 08827**

**PHONE: (908) 735-5450 - FAX: 908-735-5689  
exoticpermits@dep.state.nj.us**

**www.njfishandwildlife.com**



**NEW JERSEY DIVISION OF  
Fish and Wildlife**