



Division of Fish and Wildlife
Wildlife Permits Unit
Exotic and Nongame Section
26 Route 173 West
Hampton NJ 08827

PHONE: (908) 735-5450 – FAX: 1-908-735-5689

E-mail: EXOTICPERMITS@dep.state.nj.us
www.njfishandwildlife.com

General Conditions for Depredation Control Permits

In an effort to minimize disturbance during Depredation Control activities in the field, we are delineating additional requirements as part of the conditions of your Depredation Control permit. These conditions will assist the Division of Fish and Wildlife Law Enforcement personnel.

- ❑ A photocopy of your current New Jersey State and Federal Fish and Wildlife 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.
- ❑ **NO UNAUTHORIZED PERSONS** should be included in Depredation Control activities. Unauthorized persons are strictly prohibited from participation in Depredation Control activities. Only authorized permittees for each 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 of nongame Migratory Birds, requires a current applicable Federal Fish and Wildlife Depredation Control Permit. Sub-permittees must be listed specifically on the Federal Permit as well as the New Jersey State Depredation Control Permit. ***Please contact the federal office for more information: U.S. Fish and Wildlife Service, Migratory Bird Permit Office, PO Box 779, Hadley MA 01035-0779, Phone: (413) 253-8643***
- ❑ It is the responsibility of the permittee to obtain prior written permission from the landowner or managing governmental agencies to conduct Depredation Control activities. This must be obtained prior to entrance on any land for Depredation Control activities.
- ❑ Observation of illegal Depredation Control 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 each calendar year. All Depredation Control activities must be submitted within a maximum of 31 days after expiration of each permit.

[DC]

DEPREDATION CONTROL APPLICATION

COMPLETE APPLICATION - TYPE OR PRINT CLEARLY - ATTACH ADDITIONAL SHEETS IF NECESSARY. NO PERMIT WILL BE ISSUED WITHOUT A COMPLETED APPLICATION AND CORRECT FEE. IF THE APPLICATION IS INCOMPLETE, IT WILL BE RETURNED TO YOU AND NO PERMIT WILL BE ISSUED UNTIL ALL REQUIRED INFORMATION IS SUBMITTED TO THE WILDLIFE PERMITS UNIT.

NAME _____

ADDRESS _____
Street

City State Zip Code with Extension

NJ COUNTY _____ Fax Number: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-mail Address: _____

Website Address (if applicable): _____

INSTITUTION NAME _____
(If applicable)

INSTITUTION ADDRESS _____
MUST BE PROVIDED Street

City State Zip Code with Extension

Phone: (_____) _____ Fax Number: _____

Name of DEPREDATION CONTROL FACILITY (if different from INSTITUTION)

ADDRESS _____
Street

City State Zip Code with Extension

IT IS YOUR RESPONSIBILITY TO OBTAIN A VALID, APPLICABLE AND UPDATED FEDERAL PERMIT WHEN DEALING WITH NONGAME MIGRATORY BIRDS. A NEW JERSEY STATE PERMIT FOR ANY ACTIVITY CONCERNING NONGAME 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.

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

List professional Name, Title and Function of Agency you represent.

Describe DEPREDATION PROBLEM and JUSTIFICATION for CONTROL. Include the specific damage caused by the Nongame Migratory Birds and the length of time it has been occurring. Include the Nongame Migratory Species involved.

Describe the locations where DEPREDATION CONTROL is PROPOSED.

(Include complete addresses)

Describe your proposed method of DEPREDATION CONTROL. Describe non-lethal CONTROL methods in place or used in the past. Include an evaluation of effectiveness of each CONTROL used.

Describe the proposed method of DEPREDATION CONTROL.

DISPOSITION OF CARCASSES. Describe how specimens will be disposed of. List the NAME and complete ADDRESS of facility where nongame birds will be deposited.

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 Control Permits).*

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 the information on this form 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.

SIGNATURE _____ **DATE** _____

Return Application with fee to:

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