



Environment
Canada

Canadian Wildlife
Service

BIRD BANDING PERMIT APPLICATION

(Under the Migratory Birds Convention Act)

PLEASE PRINT CLEARLY

Name (Last, First):		Address:	
Telephone Number: (w) (h)		E-mail address:	
I am applying for a		<input type="checkbox"/> Master Banding Permit	<input type="checkbox"/> Subpermit
		<input type="checkbox"/> Station Permit	<input type="checkbox"/> Change to current permit
I currently hold, have previously held, or have an application pending for a:			Permit number:
<input type="checkbox"/> Master Banding Permit or <input type="checkbox"/> Subpermit in: <input type="checkbox"/> Canada <input type="checkbox"/> United States <input type="checkbox"/> Another country (please specify):			
<input type="checkbox"/> I am a NABC certified bander (year obtained)		<input type="checkbox"/> I am a NABC certified trainer (year obtained)	
Hours of banding experience _____		Number of birds extracted from mist nets _____	
I have banded in (indicate all that apply): <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Autumn <input type="checkbox"/> Winter _____			
Briefly describe your experience capturing, handling, and banding birds. Include experience with various traps or capture methods, experience with auxiliary markers, and bander training courses, as applicable. List the trainers who have taught you and the observatories/locations or projects where you have gained experience.			
I request authorization to band:	Number of species banded to date	Number of individuals banded to date	
<input type="checkbox"/> Hummingbirds			
<input type="checkbox"/> Passerines			
<input type="checkbox"/> Passerines and other landbirds*			
<input type="checkbox"/> Waterfowl			
<input type="checkbox"/> Waterbirds			
<input type="checkbox"/> Raptors			
<input type="checkbox"/> Seabirds**			
<input type="checkbox"/> Shorebirds			
<input type="checkbox"/> Specific species (specify)			
* includes woodpeckers, kingfishers, swifts, goatsuckers, cuckoos, and doves			
**includes gulls and terns			
I request authorization to band in the following provinces and territories: <input type="checkbox"/> BC <input type="checkbox"/> AB <input type="checkbox"/> SK <input type="checkbox"/> MB <input type="checkbox"/> ON <input type="checkbox"/> QC <input type="checkbox"/> NB <input type="checkbox"/> NS <input type="checkbox"/> PE <input type="checkbox"/> NL <input type="checkbox"/> YT <input type="checkbox"/> NT <input type="checkbox"/> NU			
I request authorization to use the following capture methods:		I request authorization to use the following colour or auxiliary markers:	
<input type="checkbox"/> mist nets <input type="checkbox"/> rocket or cannon net <input type="checkbox"/> capture using drugs* <input type="checkbox"/> other (please specify)		<input type="checkbox"/> colour leg band <input type="checkbox"/> radio transmitter* <input type="checkbox"/> paint or dye <input type="checkbox"/> satellite transmitter* <input type="checkbox"/> neck collar* <input type="checkbox"/> nasal marker* <input type="checkbox"/> patagial marker* <input type="checkbox"/> other (please specify)	
* Requires Animal Care Committee approval			

Project Title(s) :

Your application must include a project description justifying the need for banding and providing the capture methods, and, if applicable, auxiliary marking protocols. Include project objectives, the approximate number of each species to be banded and marked, the location, the duration, the intended use of the data, and a list of collaborators. List any species at risk listed by a province that you will band.

I request authorization to band the following species listed as threatened or endangered under the federal Species at Risk Act:

This project supports the Recovery Action Plan.

Your application must include a detailed project description which demonstrates that all three pre-conditions of Section 73(3) of the Species at Risk Act have been met. Also include justification for the need for banding, capture methods, and, if applicable, auxiliary marking. Include the project's objectives, the approximate number of each species to be banded and marked, the location, the duration of the project, intended use of the data, and the names of other collaborating banders.

Name and address of two active permit holders who will provide testimonial letters:

Name:	Permit No.	Name:	Permit No.
Address:		Address:	

Conditions of permit:

1. Applicants must be 18 years of age or over.
2. A federal scientific permit to band birds may be only one of several permits required to band and handle certain bird species in certain locations. Federal banding permits are only valid in conjunction with other necessary permits. Bird banders in Canada are responsible for ensuring that they have all necessary permits for their project.
3. Unless otherwise authorized, the permit holder will use only the official numbered leg bands issued by the Canadian Wildlife Service.
4. Applicants must supply testimonials attesting to their competency in banding from two people who hold active scientific permits to capture and band migratory birds.
5. If the banding project includes the use of neck collars, nasal disks, patagial tags, radio transmitters, satellite transmitters, or any other experimental markers, the project requires the approval of an Animal Care Committee.

Address all correspondence to:

Bird Banding Office
National Wildlife Research Centre
Canadian Wildlife Service
1125 Colonel By Drive (Raven Road)
Ottawa, ON
K1A 0H3
Fax: 613-998-0458

I hereby certify that the above statements are correct and that I fully understand the conditions contained herein.

Applicant's Signature

Date

Aussi disponible en français.