



Environment
Canada

Environnement
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Canadian Wildlife
Service

Service canadien
de la faune

BIRD BANDING OFFICE
NATIONAL WILDLIFE RESEARCH CENTRE
CANADIAN WILDLIFE SERVICE
1125 COLONEL BY DRIVE (Raven Rd)
OTTAWA, ON K1A 0H3

_____ has applied for a Bird Banding Permit with the Canadian Wildlife Service. The applicant has listed you as a reference to assess his or her ability to capture, handle and band birds.

Before a permit to band migratory birds is granted, banders must demonstrate a high level of skill in bird capture, handling, aging, sexing and banding of targeted bird species. Applicants must also demonstrate competency in data collection and record keeping because the information gathered will be used by others for other scientific research and management purposes.

In order that the applicant's qualifications may be fairly and fully appraised, we would appreciate it if you could take a few moments to complete this testimonial form. Fax it to us at 613-998-0458 or return it to the above address.

Please fill out the testimonial form solely on the basis of your own personal knowledge. If you know of anyone who may be in a better position to appraise the qualifications of the applicant, please list their name and address below.

If you have any questions please feel free to contact the Bird Banding Office at 613-998-0524 or by e-mail bbo_cws@ec.gc.ca.

Thank you for your co-operation.

Louise Laurin
Senior Bird Banding Administrator

Suggested Alternative Referee:

Name: _____

Address: _____



REPORT ON QUALIFICATIONS OF APPLICANT FOR BIRD BANDING PERMIT (Under the Migratory Birds Convention Act)

PLEASE PRINT CLEARLY

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name of applicant: | Date: | | | | |
| How many years have you known the applicant? | | | | | |
| Were you involved in training the applicant to handle and band birds? Yes No | | | | | |
| Approximately how many hours have you spent in the field with the applicant identifying birds? | | | | | |
| Approximately how many hours have you spent with the applicant banding birds? | | | | | |
| How many hours do you estimate the applicant has spent banding birds? | | | | | |
| How many species of birds do you estimate the applicant has banded? | | | | | |
| How many individual birds do you estimate the applicant has banded? | | | | | |
| How many hours do you estimate the applicant has spent working with mist nets (if applicable)? | | | | | |
| The applicant has banded in which seasons? Spring, Summer, Autumn, Winter | | | | | |
| <p>An important consideration is the ability of the applicant to accurately identify, age, and sex North American birds of various plumages and moults.</p> <p>Please assess the applicant's ability to identify bird species in the following groups without the assistance of others:</p> | | | | | |
| | Excellent | Good | Fair | Poor | Don't know |
| Hummingbirds | <input type="checkbox"/> |
| Warblers | <input type="checkbox"/> |
| Sparrows and finches | <input type="checkbox"/> |
| Thrushes | <input type="checkbox"/> |
| Empidonax flycatchers | <input type="checkbox"/> |
| Woodpeckers | <input type="checkbox"/> |
| Goatsuckers | <input type="checkbox"/> |
| Waterfowl | <input type="checkbox"/> |
| Waterbirds | <input type="checkbox"/> |
| Raptors | <input type="checkbox"/> |
| Seabirds | <input type="checkbox"/> |
| Gulls and terns | <input type="checkbox"/> |
| Shorebirds | <input type="checkbox"/> |

Please assess the applicant's ability to **age and sex bird species throughout the year** in the following groups without the assistance of others.

| | Excellent | Good | Fair | Poor | Don't know |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Hummingbirds | <input type="checkbox"/> |
| Warblers | <input type="checkbox"/> |
| Sparrows and finches | <input type="checkbox"/> |
| Thrushes | <input type="checkbox"/> |
| Empidonax flycatchers | <input type="checkbox"/> |
| Woodpeckers | <input type="checkbox"/> |
| Goatsuckers | <input type="checkbox"/> |
| Waterfowl | <input type="checkbox"/> |
| Waterbirds | <input type="checkbox"/> |
| Raptors | <input type="checkbox"/> |
| Seabirds | <input type="checkbox"/> |
| Gulls and terns | <input type="checkbox"/> |
| Shorebirds | <input type="checkbox"/> |

Please evaluate the applicant's accuracy and thoroughness in data collection and record keeping and promptness in submitting reports. Excellent Good Fair Poor Don't know

To your knowledge, which of the following has the applicant had experience in using?

- | | | |
|--|---|---|
| <input type="checkbox"/> Mist nets | <input type="checkbox"/> Colour leg bands | <input type="checkbox"/> Radio transmitters |
| <input type="checkbox"/> Rocket or cannon nets | <input type="checkbox"/> Paint or dyes | <input type="checkbox"/> Satellite transmitters |
| <input type="checkbox"/> Capture using drugs | <input type="checkbox"/> Neck collars | <input type="checkbox"/> Nasal markers |
| <input type="checkbox"/> Traps | <input type="checkbox"/> Patagial markers | <input type="checkbox"/> Other specify |
| <input type="checkbox"/> Other, specify | | |

I recommend that the applicant be given a Master permit sub-permit to band birds of the following groups:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Hummingbirds | <input type="checkbox"/> Waterfowl | <input type="checkbox"/> Seabirds |
| <input type="checkbox"/> Passerines | <input type="checkbox"/> Waterbirds | <input type="checkbox"/> Shorebirds |
| <input type="checkbox"/> Passerines and other landbirds | <input type="checkbox"/> Raptors | <input type="checkbox"/> Specific species, only: |

I recommend that the applicant not be given a permit to band birds at this time.

Additional comments:

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I hereby certify that the above statements are correct.

| | |
|-------------|------------|
| Print name: | Permit No. |
| Signature: | Date: |