According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0335. The time required to complete this information collection is estimated to average .059 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579-0335

| | ANIMAL AND PL | S DEPARTMENT OF A ANT HEALTH INSPEC WILDLIFE SERVICES | | | | Initiation | 2. / / MM DD YYYY |
|---|--|---|-------------------------------|---|-----------|------------------|---------------------------|
| WORK INITIATION DOCUMENT FOR WILDLIFE DAMAGE MANAGEMENT Document Number | | | | | | | |
| - | 3. TYPE OF WORK INITIATION DOCUMENT (mark all that apply): | | | | | | |
| SECTION | Private Property Temporary Non-Private Property Assign to These Special Groups b. | | | | | | |
| | Adjacent Landowner Aåå^} å Work Ini | nt to Existing tion Doc. | o Existing C. | | | | |
| SECTION 2 | 4. Cooperator's Name | | | | | | |
| | Last 5. Cooperator's Address | | ##First Middle | | | | |
| | Street City Where will work be performed? (give address or directions, if different from above) | | | | | | |
| | | | | | | | |
| | 6. Business/Farm/Ranch/or Common Name 7. State | | | | | 7. State | ZIP Code |
| | 8. Owner's or Representative's Name | | (If different from Cooperator | r's) | 9 | - Cooperator | - Telephone Number |
| | 10. Owner's or Representative's Address | | | | | | |
| | (if different from Cooperator's) | 1 | City | 10/ | State | ZIP Code | |
| | 11. WS Employee and Work Location Information: | 12. Land Class Informati Land Class | | Adjoining Property formation Document | | 14. Species Inf | formation: |
| | | | | | | | |
| 3 | WS Employee Name | 1. | 1. | | | 1 | |
| ĕ | | 2. | 2. | | | 2 | |
| SECTION 3 | | 3 | 3. | | | 3 | |
| " | County | | | | | 4. | |
| | | Total Acres | | | | 15 If bo | ox is checked, attachment |
| | State | | | | lists add | itional species. | |
| SECTION 4 | 16. In consideration of the benefits to be derived from the proper management of damage caused by those species listed in Section 3 Item 14. (and Item 15., if applicable), I, the undersigned cooperator or cooperator's representative, do hereby give my consent and concurrence to the Animal and Plant Health Inspection Service (APHIS) (to include its officials, and properly be used, used and applicable of the properly the use of the prop | | | | | | |
| | employees, and agents) to use, upon lands owned, leased, or otherwise controlled by me, and identified by this Work Initiation Document, the following methods and devices: COMPONENTS: 1 2 3 3 | | | | | | |
| | 4 5 6 | | | | | | |
| | If box is marked, an attachment lists additional methods or devices. | | | | | | |
| | 17. I, the cooperator or cooperator's representative, have been informed of the methods and the manner in which the control materials and devices listed in Section 4 will be used and of the possible hearing accepted with their use. Lundarstend that APILIS (to include its officers, ampleuses and greats) will, exercise responsible | | | | | | |
| ON 5 | be used, and of the possible hazards associated with their use. I understand that APHIS, (to include its officers, employees and agents) will: exercise reasonable precautions to safeguard all persons to prevent injury to animal life other than those listed in Section 3, Item 14. (and Item 15., if applicable); guard against the mishandling | | | | | | |
| SECTION | of control devices and materials; and exercise due caution and proper judgment in all wildlife damage management operations. I understand that APHIS, WS, will maintain restricted use pesticide application records on applications made under the Work Initiation Document, and that APHIS, WS, will provide copies of the records or record | | | | | | |
| S | information promptly upon the property owner's or cooperator's request. I understand that APHIS may collect Global Positioning System (GPS) coordinates at the project site as part of component or activity tracking or as wildlife disease monitoring or research data. | | | | | | |
| SECTION 6 | 18. In consideration of these understandings and of the benefits to be derived, I, the cooperator or cooperator's representative, agree to: take reasonable precautions to prevent injury to livestock and other domestic animals; assume responsibility for injury to my property under my control, when said injury is not the result of negligence on | | | | | | |
| | the part of APHIS; assist in maintaining such warning signs as APHIS may place for the purpose of notifying persons entering onto such lands of the possible hazards associated with wildlife damage management measures in use thereon; and to give adequate warning of these possible hazards to persons I authorize to enter onto such | | | | | | |
| | associated with wildlife damage management measures in use mereon; and to give adequate warning of these possible hazards to persons I aumorize to enter onto such lands. Further, in recognition of the benefits to be derived from the use of specified methods and devices authorized by this Work Initiation Document, I, the cooperator or cooperator's representative, agree not to concurrently use or allow to be used upon lands covered by this Work Initiation Document, any toxic material that might | | | | | | |
| reasonably be expected to take a species listed above in Section 3, Item 14. (and Item 15., if applicable) unless such use of said toxicant is agreed to by APHIS in writing. | | | | | | | |
| SPECIAL CONSIDERATIONS: | | | | | | | |
| | | | | | | | |
| SIC | GNATURE AND TITLE (Landowner, Lesse | TELEPHONE NUMBE | R ADDRESS | | | DATE | |
| | | | | | | | |
| | | | | | | | |
| SIGNATURE AND TITLE (APHIS Representative) | | | TELEPHONE NUMBE | R ADDRESS | | | DATE |
| | | | | | | | |
| | | | | | | | |