**Protected A when completed**

**Application for a Migratory Birds Regulations (MBR) Scientific Permit**

As per MBR section 75(2) a Scientific Permit may authorize the permit holder for scientific purposes, including banding, rehabilitation or educational purposes, to capture, kill, injure or harass a migratory bird; destroy, take or disturb an egg; damage destroy, remove or disturb a nest; deposit bait under specific circumstances, exchange, give or have in their possession a migratory bird, egg or nest; and if they are authorized to capture and band migratory bird take birds that are killed as a result of normal banding operations or that are found dead. As per the Migratory Bird Convention Act (MBCA), any reference to a migratory bird includes the bird itself, the sperm, eggs, embryos, tissue cultures and parts of the bird.

Personal information collected as part of the permitting process is protected under the Privacy Act.

Important: Please consult the document “Instruction Sheet: Applying for a Scientific Permit under the Migratory Birds Regulations, 2022” when filling out this application. Certain activities that may not require a MBR Scientific Permit are also outlined in the Instruction Sheet. Complete Part 1, plus any other Part(s) and Annexes related to the activities you are applying to conduct. Incomplete, illegible or unsigned application forms cannot be processed and will be returned.

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| **Part 1: Applicant and general information (Mandatory)** |
| **Section 1: Permit request information** |
| **1.1 Type of request**  **New application**  Have you previously held an MBR Scientific Permit in Canada (or a Scientific Banding Permit in the United States)?  Yes  No  If so, provide the permit number(s):  **Permit renewal**  Current Scientific Permit number:  Has an MBR report been submitted for this permit?  Yes  No  If you are requesting a permit renewal, please check one of the following:  I would like to renew the permit without modifications. This means you wish to continue the same activities with the same nominees and species…etc.  I would like to make modifications to the existing project. This means you wish to continue with the same project parameters you initially applied for but wish to make changes to species, nominees or activities.  **Modification to existing permit**  Permit number: |

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| **1.2 Purpose of permit** | |
| I am applying for a MBR Scientific permit for the following purposes: | |
| **Scientific - Banding**  – complete [Part 3](#Part_2)  Master permit  Station permit  Sub-permit | |
| Permit number of master bander or station if you are applying for a sub-permit: | Signature of master bander or station’s responsible individual indicating consent: |
| **Non-banding scientific** - Complete [Part 3](#Part_3)  **Rehabilitation** - Complete [Part 4](#Part_4)  **Education** – Complete [Part 5](#Part_5) | |

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| **1.3 History**  Have you ever been refused a MBR Scientific Permit or had one suspended?  No  Yes  If yes, provide the reason:  Have you ever been convicted of an offence under the Migratory Birds Convention Act or the Migratory Birds Regulations?  No  Yes  If yes, please explain the conviction: | | | | |
| **Section 2: Applicant information** | | | | |
| **2.1 Applicant contact information** | | | | |
| Given name (first name): | | Surname (last name): | | |
| Position or title (for example: Director of Research, Bander in Charge (BIC)): | | | | |
| Telephone (day): | | | Telephone (other): | |
| Work Email: | | | Fax: | |
| Personal Email: | | |
| **Mailing address** | | | | |
| Street: | | | | |
| City: | Province/Territory: | | | Postal Code: |
| **2.2 Organization information** (if applicable) | | | | |
| Name of organization: | | | | |
| Website of organization: | | | | |
| Mandate or statement of purpose of organization: | | | | |
| Telephone (day): | | | Fax: | |
| Email: | | | | |
| **Mailing address** (if different from above) | | | | |
| Street: | | | | |
| City: | Province/Territory: | | | Postal Code: |
| **2.3 Nominees** | | | | |
| Fill out Annex 2– see Instructions to determine if you need to complete this section. Nominees cannot be added to Scientific Banding permits.  I have filled out Annex 2 | | | | |
| **Section 3: Completed parts and attached documentation** | | | | |
| [Part 2](#Part2_Project): Project Information  Resume or CV (or complete section)  Other:  [Part 3](#Part_2): Application for scientific banding purposes  Animal Use Protocol (AUP) and Animal Care Committee (ACC) approval documents  Other:  [Part 4](#Part_3): Application for non-banding scientific purposes  Animal Use Protocol (AUP) and Animal Care Committee (ACC) approval documents  Other:  [Part 5](#Part_4): Application for scientific rehabilitation purposes  A copy of the veterinarian’s current license  Facility floor plan and photographs (if written description is not included)  Evidence of the applicant’s training (transcript, course certificates)  Additional documentation for location of activities (if applicable)  Other:  [Part 6](#Part_5): Application for scientific educational purposes  Animal Use Protocol (AUP) and Animal Care Committee (ACC) approval documents (for live collections only)  Pedagogical Merit Of Live Animal-Based Teaching And Training (for live collections only)  Facility photographs and floor plan (if a written description is not included) (if applicable)  Additional documentation for location of activities (if applicable)  Other: | | | | |
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| **Part 2: Project and activity information (Mandatory)** | | | |
| **1.1 Project title** | | | |
| **1.2 Project objectives**  Please outline the objectives of the project proposed and the contribution of its results to society’s understanding of migratory birds, ecosystem health or human well-being. Indicate whether the question in this study has been answered before. | | | |
| **1.3 Project summary**  Provide a plain language summary of the project | | | |
| **1.4 Project description**  Briefly describe how you will achieve the project’s objectives, with a summary of how birds will be captured, handled, marked, and sampled. | | | |
| **1.5 Project justification**  Provide justification for the need to work with migratory birds, and a rationale for the choice of species and sample size, and the sex and age classes to be affected. For live education collections, please indicate why alternative methods are insufficient. | | | |
| **1.6 Applicant qualifications (or resume or CV attached )**  Please describe your experience and qualifications in relation to the proposed activities in your application (include technical qualifications, academic qualifications, publication history, field training, internships and trainers or mentors). | | | |
| **1.7 Injuries and mortalities**  Use the checkboxes to indicate which of the following services you are able to provide in case of injury to migratory bird: | | | |
| Wildlife first aid | Transport to a permitted rehabilitation center.  Name:  Email:  Location:  Permit number (if known): | | Euthanasia or humane killing  Method:  Not applicable (for dead migratory birds and specimens) |
| **1.8 Collaborating permittees (for Banding applicants only)**  Please provide the names, bird banding permit numbers, and a list of authorizations for each collaborator who will be undertaking project activities without supervision. Authorizations are listed in Table 1 of the instructions. | | | |
| **Name** | **Permit number** | **Authorizations** | |
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| **1.9 Geographic scope**  I intend to undertake activities in the following provinces and territories:  AB  BC  MB  NB  NL  NS  NT  NU  ON  PE  QC  SK  YT  Please note that you may be asked to provide specific locations for intended activities for which you are submitting an application, as required. You may require additional permits or permissions to undertake activities on any public, private or Indigenous lands. | | | |
| **1.10 Address, UTM, geolocation or proximity to nearest identifiable town or city**  Please provide the specific location(s) where the activities will be conducted:      If migratory birds are to be held in captivity, provide the address of the facility where they will be held:    If birds are to be released in a location other than at the point of capture, provide the location of release: | | | |
| **1.11  Project duration (anticipated)** | | | |
| Start date (yyyy/mm/dd): | | End date (yyyy/mm/dd): | |
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| **Part 3: Application for scientific banding purposes** |
| **Section 1: Banding experience** |

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| **1.1 Permit applicant experience** | |
| Years or months of banding experience: | Number of birds extracted from mist nets: |
| Indicate the seasons you have banded in:  Spring  Summer  Autumn  Winter | |
| I am familiar with and will abide by [Canadian Council on Animal Care (CCAC)](https://ccac.ca/) ethical standards for working with wildlife and migratory birds in science, and the North American Banding Council Banders’ code of ethics.  Yes  No | |
| I have been trained to recognize an improperly applied band and know when, and how to correct it or remove it safely.  Yes  No | |
| I have been trained to recognize signs of stress and minor injuries in a bird, and know how to respond to them.  Yes  No | |
| I am familiar with the accepted methods of euthanasia and humane killing for birds and am prepared to respond if a bird is accidentally injured during permitted activities and cannot be released or rehabilitated.  Yes  No | |

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| **1.2 Animal Use Protocol (AUP) and Animal Care Committee (ACC) approval documents**  Are being submitted with the application:  Yes (documents attached). ACC approval expiry date:  To follow. I have applied and will submit documents by:  Not required |
| **Section 2: Species**  Important: If any of the target and/or non-target species are listed as an extirpated, endangered or threatened species at risk on Schedule 1 of the federal Species at Risk Act, Annex 3 of this Application must also be completed. |
| **2.1 Target species** |

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| I request authorization to band | Number of **species** previously banded | Number of **individuals** previously banded |
| Passerines (e.g. songbirds) |  |  |
| Other landbirds (e.g. doves, woodpeckers, swifts) |  |  |
| Waterfowl (e.g. swans, geese, ducks) |  |  |
| Waterbirds (e.g. loons, grebes, cranes, herons, rails) |  |  |
| Raptors (e.g. eagles, hawks, vultures, owls, falcons) |  |  |
| Seabirds (e.g. gannets, cormorants, gulls, terns) |  |  |
| Shorebirds (e.g. plovers, sandpipers, oystercatchers) |  |  |
| SARA-listed species; please specify:  Click or tap here to enter text. |  |  |
| Specific species; please specify:  Click or tap here to enter text. |  |  |
| Hummingbirds (if checked, please fill out the two related boxes below) |  |  |
| Please provide information on if you will make the hummingbird bands yourself or if you will get them elsewhere. | | |
| If you will make the bands yourself, have you been trained to make hummingbird bands? If so, by whom and when? | | |

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| **2.2 Non-target species**  Describe any effects (direct or indirect) your activities would have on non-target species and how these effects will be mitigated. |
| **Section 3: Activities and methods** |
| **3.1 Activity description**  Describe in detail the activities that will be undertaken (for example: take of specimens from the wild, working in a colony, blood sampling, capture, banding): |

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| **3.2 Capture methods and additional authorization requests** | | | |
| **Capture methods** | **Additional authorizations** | | |
| Trap at cavity, burrow, or nest box | Band chicks at nest site and monitor | | |
| Hand capture | Use federal bands outside Canada | | |
| Mist nets | Band in colonies. Species: | | |
| Traps | Deposit bait for the purpose of attracting birds for capture and banding | | |
| Pneumatic nets | Band captive birds at release. A regional scientific permit is required for these activities.  Band rehabilitated birds. Permit number and species or species groups:  Band captive-bred/raised birds. Permit number and species or species groups:  Band birds held for experimental purposes. Permit number and species or species groups: | | |
| Rocket nets |
| Cannon nets |
| Hand nets |
| Whoosh nets |
| Underwater or floating gill nets |
| Noose carpets, poles and snares | Capture using dogs | | |
| Hand held net launcher: ... | Capture using drugs | | |
| Mark without banding | | |
| Audio lures |
| Spotlighting |
| Other: | | | |
| Describe your training and competency with the capture methods and/or additional authorizations that you have indicated above (Section 3.2). | | | |
| **3.3 Data management** | | | |
| Describe your experience and competency with data collection, record keeping, and report submission. | | | |
| Banders are required to submit their data at least once a year using Bandit 4.0. Do you know how to use this program? | | | |
| Yes | | No, but I understand that it is my responsibility to ensure high data quality and to use Bandit 4.0 to submit data to the banding program. | Not applicable; I will not be responsible for data entry. |
| What is your plan for managing additional data collected under your banding permit to make it accessible in the future? Refer to the instructions.    If you expect to collect data from electronic tracking devices, what is your plan for archiving these data to make them accessible in the future? | | | |

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| **Section 4: Alternatives and mitigation** | | | | |
| **4.1 Consideration of alternatives**  Do alternative methods exist to replace the use of migratory birds, or refine or reduce the numbers needed? If so, provide a rationale for not adopting alternative methods. | | | | |
| **4.2 Mitigation measures and risk management**  Please describe the measures you will use to reduce or minimize the potential for injury and disturbance to the migratory birds being studied.  Capture methods are appropriate for target species  Displacement of individuals is limited  Number of persons on-site is limited  Time spent at nest site or in colony is limited  Sample size is limited  Use of invasive methods is limited  Handling time and/or number of handlers is limited  Use of highly qualified and experienced persons  Use of well-established scientific protocols  First aid is administered swiftly by experienced persons  Activities are scheduled to avoid disturbance during sensitive periods  Activities are restricted to days with clement weather  Site clearing is limited  Disturbed areas are restored to pre-project conditions  Disturbance to waterbodies is limited  Use existing roads and trails for access  Predator contingency plan is in place  Species at risk are prioritized during capture and processing  Euthanasia is swift and humane  Other: | | | | |
| **Section 5: Protected areas** | | | | |
| Is the area(s) where your project is to be conducted in a Migratory Bird Sanctuary and/or National Wildlife Area?  Yes  No  If yes, provide the name(s) of the protected areas:  If yes, have you applied for a permit to conduct activities in the abovementioned-protected area(s)?  Yes  No  \*For more information about additional permissions or permits that may be required in protected areas, please refer to the our website: [Protected areas permits - Canada.ca](https://www.canada.ca/en/environment-climate-change/services/national-wildlife-areas/permits-activities/protected-areas.html) | | | | |
| **Section 6: Intended use of the dead migratory bird at the end of the proposed activity** | | | | |
| If not directly disposed of, check all the intended activities that may following the possession of the dead bird (check all that apply):  Taking specimens or the bird to a permitted taxidermist. Please fill out Annex 4.  Storing it in a lab for future studies  Salvaged for the purpose of donating them to a permitted public, scientific or educational institution. Please fill out Annex 4.  Sent for necropsy. Please fill out Annex 4.  Used for other purposes. Please specify: | | | | |
| **For internal use only** | | | |
| Date Received: | | | |
| Permits Officer: | Approved | Refused | Date: |
| Biological reviewer: | Approved | Refused |  |
| Species at risk reviewer: | Approved | Refused | Date: |
| Previous report on file | Yes | No | NA |
| Documentation missing | Yes | No |  |
| Comments: | | | |
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| **Part 4: Application for non-banding scientific purposes** | | | |
| **Section 1: Additional documentation** | | | |
| **Animal Use Protocol (AUP) and Animal Care Committee (ACC) approval documents**  Are being submitted with the application:  Yes (documents attached).  I have applied and will submit documents by an anticipated approval date of (yyyy-mm-dd):  Not required | | | |
| **Section 2: Species**  Important: If any of the target and/or non-target species are listed as an extirpated, endangered or threatened species at risk on Schedule 1 of the federal Species at Risk Act, Annex 4 of this Application must also be completed. | | | |
| **2.1 Target species** (indicate the species, age groups, sex and numbers of migratory birds, eggs or nests that will be targeted) | | | |
| **2.2 Non-target species** ( N/A)  Describe any effects (direct or indirect) on non-target species and how these effects will be mitigated) | | | |
| **Section 3: Activities and methods** | | | |
| **3.1 Applicable activities**  Select all applicable activities as listed in section 75(2) of the *Migratory Bird Regulations, 2022* for which you are requesting authorization:  Capture, kill, injure or harass a migratory bird  Destroy, take or disturb an egg  Damage, destroy, remove or disturb a nest  Deposit bait in any place during the period beginning 14 days before the first day of the first open season after July 1 of a calendar year and ending on the last day of the last open season before July 1 of the following year  Exchange, give or have possession of a migratory bird, egg or nest | | | |
| **3.2 Activity description**  Describe in detail the activities (for example: take of specimens from the wild, working in a colony, blood sampling, capture, banding, nest collection, damage, destruction, removal and/or disturbance, handling of eggs if present) that will be undertaken with the bird, nest or egg): | | | |
| **Section 4: Alternatives and mitigation** | | | |
| **4.1 Consideration of alternatives**  Do alternative methods exist to replace the use of migratory birds, or refine or reduce the numbers needed? If so, provide a rationale for not adopting alternative methods. | | | |
| **4.2 Mitigation measures and risk management**  Please describe the measures you will use to reduce or minimize the potential for injury and disturbance to the migratory birds being studied.  Capture methods are appropriate for target species  Displacement of individuals is limited  Number of persons on-site is limited  Time spent at nest site or in colony is limited  Sample size is limited  Use of invasive methods is limited  Handling time and/or number of handlers is limited  Use of highly qualified and experienced persons  Use of well-established scientific protocols  Wildlife first aid is administered swiftly by experienced persons  Activities are scheduled to avoid disturbance during sensitive periods  Activities are restricted to days with clement weather  Site clearing is limited  Disturbed areas are restored to pre-project conditions  Disturbance to waterbodies is limited  Use existing roads and trails for access  Predator contingency plan is in place  Species at risk are prioritized during capture and processing  Euthanasia is swift and humane  Other:  Supporting documentation attached | | | |
| **4.3 Euthanasia of migratory birds or eggs**  Give a brief summary on how the captured, injured and harassed migratory bird and/or eggs suffering from incurable and painful injuries will be killed painlessly. Explain how the whole process will be conducted. | | | |
| **Section 5: Protected areas** | | | |
| Is the area(s) where your project is to be conducted in a Migratory Bird Sanctuary and/or National Wildlife Area?  Yes  No  If yes, provide the name(s) of the protected areas:  If yes, have you applied for a permit to conduct activities in the abovementioned protected area(s)?  Yes  No | | | |
| **Section 6: Disposal, disposition, or intended use** | | | |
| **6.1 Final disposition or disposal and location**  Please check off all that may apply in the eventuality of a bird’s death or release of the bird after the completion of the proposed activities:  Dispose of in a sanitary manner  Release back into the wild. Please provide the location:  Incinerate on site  Handing over to rehabilitation centre. Please provide name and MBR scientific permit number:  Other. Please explain:  Location:  I acknowledge that the final disposition or disposal of live migratory birds and their location will be required in the reporting form associated with any granted permit application. | | | |
| **6.2 Intended use of the migratory bird, eggs and nests at the end of the proposed activity**  If not directly disposed of, check all the intended activities that may follow the possession of the dead bird and the location where the activities will take place (check all that apply):  Taking specimens or the bird to a permitted taxidermist  Storing it in a lab for future studies  Salvaged for the purpose of donating them to a permitted public, scientific or educational institution. Please provide the name and address of the institution:  Sent for necropsy. Please provide the name and address of the institution:  Used for other purposes. Please specify: | | | |
| **For internal use only** | | | |
| Date Received: | | | |
| Permits Officer: | Approved | Refused | Date: |
| Biological reviewer: | Approved | Refused | Date: |
| Species at risk reviewer: | Approved | Refused | Date: |
| Previous report on file | Yes | No | NA |
| Documentation missing | Yes | No |  |
| Comments: | | | |
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| **Part 5: Application for scientific rehabilitation purposes** | | | |
| **Section 1: Species**  Additional authorization is required to handle federal species at risk. For more information, review Annex 3. | | | |
| List the species that you intend to rehabilitate (for example: all, or specify songbirds, water birds, seabirds, species at risk), as well as the estimated maximum number of birds that can be admitted: | | | |
| **Section 2: Training** | | | |
| **2.1 Hands-on experience**  Please explain your experience as it relates to migratory bird rehabilitation. | | | |
| **2.2 Academic qualifications** (and attach wildlife rehabilitation course completion certificates or official degree or diploma transcripts as verification) | | | |
| **2.3 Provincial, territorial inspection certificate, rehabilitation license**, **permit number or other applicable certification** ( certification, license or permit is attached, If applicable)  No  Yes: | | | |
| **2.4 International Wildlife Rehabilitation Council (IWRC) Certified Wildlife Rehabilitator**  Applicant:  Yes  No  Permanent staff member(s):  Yes  No | | | |
| **2.5 Veterinarian** (current license(s) attached )  Applicant  Permanent staff member(s). Name(s):  Other. Name:  License number(s): | | | |
| **Section 3: Activities and facilities** | | | |
| **3.1 Applicable activities**  Capture, kill, injure or harass a migratory bird  Destroy, take or disturb an egg  Exchange, give or have possession of a migratory bird, egg or nest | | | |
| **3.2 Activity description**  Please provide a description of the types of activities that you propose to undertake (for example: rehabilitation of oiled migratory birds, care of injured and/or ill birds, surgical procedures, etc….): | | | |
| **3.3 Facility description** (provide a written description or attach a floor plan and photographs)  **Note**: An inspection of the facility may be required before a permit can be issued. | | | |
| **Section 4: Risk management** | | | |
| **4.1 Potential risks**  Describe the potential for further injury to the migratory birds, the potential for the spread of disease and how these risks will be addressed: | | | |
| **4.2 Euthanasia methods**  In the event of euthanasia of a migratory bird to prevent further suffering, you should be able to identify when euthanasia is needed and be experienced in the euthanasia technique carried out. Provide a description or attach your standard operating procedure (SOP) of the intended euthanasia process that would be conducted. | | | |
| **Section 5: Location** | | | |
| **5.1 Service area or scope of response service** ( N/A)  Describe the region or area within which migratory birds can be retrieved: | | | |
| **5.2 Protected areas**  Is any of your service area(s) in a Migratory Bird Sanctuary or National Wildlife Area?  Yes  No  If yes, provide the name(s):  If yes, have you applied for a permit to conduct activities in the abovementioned protected area?  Yes  No | | | |
| **Section 6: Disposal, disposition or intended use** | | | |
| **6.1 Final disposition of live migratory birds**  The final disposition live migratory birds and their location must be considered prior to the activity. Please check off all that may apply in the disposition of a live bird after the completion of the proposed activities:  Release back into the wild.  If birds are deemed unsuitable for release, they will be euthanized at the facility.  Other. Please explain:  I acknowledge that I must abide by the terms and conditions on any granted permit regarding the final disposition of live migratory birds and their location will be required in the reporting form associated with any granted permit application. | | | |
| **6.2 Final disposal or disposition of dead migratory birds**  Indicate the intended disposal or disposition of a dead migratory bird by checking all that apply. If not directly disposed of, describe in detail the intended activities following the death of the bird:  Disposed of in a sanitary manner  Taking the bird to a permitted taxidermist. Please fill out Annex 4.  Storing it in a lab for future studies  Sent for necropsy. Please fill out Annex 4.  Used for other purposes. Please specify:  I acknowledge that the final disposition or disposal of dead migratory birds and their location will be required in the reporting form associated with any granted permit application. | | | |
| **For internal use only** | | | |
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| Permits Officer: | Approved | Refused | Date: |
| Biological reviewer: | Approved | Refused | Date: |
| Species at risk reviewer: | Approved | Refused | Date: |
| Previous report on file | Yes | No | NA |
| Documentation missing | Yes | No |  |
| Comments: | | | |

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| **Part 6: Application for scientific educational purposes** | | | |
| **Section 1: Species** | | | |
| Please list the migratory bird species (including nests and eggs) and estimated numbers that you anticipate adding to your collection, as well as from where or from whom you will be collecting them: | | | |
| **Section 2: Experience** | | | |
| **2.1 Academic qualifications and courses taken** (or see attached resume) | | | |
| **2.2 Member of a museum association** ( NA):  No  Yes (name of association): | | | |
| **2.3 Accredited Member of Canada’s Accredited Zoos and Aquariums (CAZA)** ( NA, I am requesting authorizations for dead collections only)  No  Yes, since (yyyy-mm-dd): | | | |
| **2.4 Animal Use Protocol (AUP) and Animal Care Committee (ACC) approval documents**  Are being submitted with the application:  Yes (documents attached). ACC approval expiry date (yyyy-mm-dd):  To follow. I have applied and will submit documents by an anticipated approval date of (yyyy-mm-dd): | | | |
| **2.5 Pedagogical Merit Of Live Animal-Based Teaching And Training** ( NA, I am requesting authorizations for dead collections only)  Is being submitted with the application:  Yes (documents attached).  To follow. I have applied and will submit documents by an anticipated approval date of (yyyy-mm-dd): | | | |
| **Section 3: Activities and facilities** | | | |
| **3.1 Applicable activities**  Capture, kill, injure or harass a migratory bird  Destroy, take or disturb an egg  Damage, destroy, remove or disturb a nest  Deposit bait in any place during the period beginning 14 days before the first day of the first open season after July 1 of a calendar year and ending on the last day of the last open season before July 1 of the following year  Exchange, give or have possession of a migratory bird, egg or nest | | | |
| **3.2 Activity description**  Please provide a description of the types of activities that you propose to undertake as well as their educational value: | | | |
| **3.3 Facility description** (or attach facility floor plans and drawings)    If applicable, also describe any mobile transportation units for live birds: | | | |
| **Section 4: Risk management** | | | |
| **4.1 Risk to live migratory birds (For live collections only)**  Describe the potential risks to the migratory birds, and how these will be addressed. Your explanation should also indicate the justification for keeping the live bird captive and why alternative methods of education are insufficient.  **4.2 Veterinarian** (current license(s) attached  )  Applicant  Permanent staff member(s). Name(s):  Other. Name:  License number: | | | |
| **Section 5: Protected areas** | | | |
| Is the facility or any area(s) of collection in a Migratory Bird Sanctuary or National Wildlife Area?  Yes  No  If yes, provide the name(s):  If yes, have you applied for a permit to conduct activities in the abovementioned protected area?  Yes  No | | | |
| **For internal use only** | | | |
| Date Received: | | | |
| Permits Officer: | Approved | Refused |  |
| Biological reviewer: | Approved | Refused | Date: |
| Species at risk reviewer: | Approved | Refused | Date: |
| Previous report on file | Yes | No | NA |
| Documentation missing | Yes | No |  |
| Comments: | | | |

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| **Part 7: Annexes** |
| **For scientific banding purposes:** please fill out the following  Complete [Annex 1](#Annex_2) if you intend to mark birds with auxiliary markers (e.g. colour bands, dye/paint, tags, electronic devices), collect biological samples (e.g. blood, feathers, swabs) and/or use other veterinary procedures.  Complete [Annex 3](#Annex_4) for Species at Risk  **For other scientific purposes (non-banding scientific, rehabilitation, educational):** please fill out the following, where applicable  Complete [Annex 2](#Annex_3) for Nominees.  Complete [Annex 3](#Annex_4) if any migratory bird is also a federally listed species at risk (extirpated, endangered or threatened) or will be affected by the activities to be conducted under the permit.  Complete [Annex 4](#Annex_5) if any activities will involve the exchange or gift of a migratory bird, egg or nest to another valid permit holder or an individual authorized to possess migratory birds, eggs or nests. |
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| **Part 8: Signature of applicant** | | | | |
| I, ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) and the nominees (if applicable) attest that I have the ability and knowledge to accurately identify the species I am working with and safely conduct the permitted activities applied for. I certify that:   * I am 18 years of age or older * All information submitted in this application is accurate and has been completed to the best of my knowledge * I will abide by the Canadian Council on Animal Care guidelines relevant to my activities * I will not commence any activities that are the subject matter of this application before a valid permit is in my possession * I understand that, in order to legally conduct the activities, I may need to obtain additional federal, provincial, territorial, municipal and/or other permits or authorizations   A permit may be suspended or cancelled if the person to whom it was issued has failed to comply with any condition set out in the permit. | | | | |
| **Signature of applicant:**  ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| (sign with dark ink) | | (yyyy-mm-dd) | | |
| **For internal use only** | | | | |
| Date Received: | | | | |
| Permits Officer: | Approved | | Refused | Date: |
| Biological reviewer: | Approved | | Refused | Date: |
| Species at risk reviewer: | Approved | | Refused | Date: |
| Previous report on file | Yes | | No | NA |
| Documentation missing | Yes | | No |  |
| Comments: | | | | |
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| **Annex 1: Auxiliary markers, biological sample collection, and veterinary procedures** |
| **Please refer to the Scientific Permit Instruction Sheet Annex 1 section to ensure you provide complete answers. Multiple projects may be included in one Annex 1 form.**  **Name:** |
| **Most recent permit number:** |
| **Date:** |
| Please indicate if you require permission to use auxiliary markers, collect biological samples, use other veterinary procedures for your project, and/or other collections.  Auxiliary markers  Biological samples  Veterinary procedures  Collections:  Eggs  Found dead birds  Kill birds |
| **A1.1 Procedures** |
| Describe your proposed methods (or attach an SOP) for each procedure in the space provided below. |
| **A1.2 Minimizing risk and harm** |
| Use of techniques should aim to minimize risk and harm to individual birds while demonstrating that the knowledge gained is justifiable. Please answer the questions below to show what alternative procedures you considered, then implemented or discarded in order to replace, reduce or refine your project and minimize potential impacts to birds. Provide justification for why alternatives were discarded. |
| What methods did you consider or implement to replace the use of live birds as much as possible in your study? |
| What strategy did you implement to reduce the number of birds used? |
| How have you refined your protocols to reduce pain or stress experienced by your target species? |
| **A1.3 Training and experience** |
| Describe your training and experience with auxiliary markers, biological sample collection and/or other veterinary procedures. |
| **A1.4 Colour marking scheme** |
| If you need to use colour bands, **please provide your proposed marking scheme** (e.g., BLACK over RED on left leg with federal metal band on right leg, or GREEN and federal metal band on right leg, PURPLE for cohort 2022, etc.), so that we may coordinate with other banders and the BBL if necessary. |

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| **A1.5 Authorization description table** | | | | | | | | | | | | | |
| Please complete the following table.. Use the codes from Table 2 of the Instructions Sheet to allow the BBO to issue your permit with the exact authorizations you require (the numbers represent the codes you will use in Bandit for reporting purposes). An example is provided. | | | | | | | | | | | | | |
| **Species and Capture Method** | | | | | **Auxiliary Markers** | | | | **Biological Samples/Veterinary Procedures** | | | | **TOTAL** |
| **Species** | **Age** | | **Sex** | **Capture method** | **Auxiliary marker (use codes from application instructions’ Table 2)** | **Make/model of electronic marker (mass)** | **Number of markers to deploy** | **Length of time that the marker is intended to stay on the bird (in days or months)** | **Biological sample/ veterinary procedure** | **Location on bird** | **Size of collection** | **Number of samples collected or procedures performed** | **Sample size** |
| DUNL | AHY | | M & F | Mist nets | 1. 01A 2. 69 3. 81J | 1. N/A  2. N/A  3. Lotek NTQB-3-2 (0.67 g) | 1. 50  2. 50  3. 50 |  | 1. Blood  2. Feathers  3. Cloacal swab | 1. Brachial vein  2. Breast  3. Cloaca | 1. 75 µL  2. 2 feathers  3. 1 swab | 1. 50  2. 50  3. 50 | **50** |
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| **Annex 2: Nominees (does not apply to banding applicants)** | |  |
| **Name** | **Organization** | **Activities nominees will be conducting** |
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| **Annex 3: Species at risk** |
| Under the federal Species at Risk Act (SARA), permits are required by persons conducting activities that affect a species listed on Schedule 1 as extirpated, endangered or threatened, any part of its critical habitat or the residences of its individuals. If your application includes activities that will affect a species at risk, information must be provided for the categories below. By law, certain information must be posted on the Species at Risk Public Registry if a permit is issued. |
| **1. Species:** |
| **2. Purpose of project** activities involving SAR (as per SARA section 73 (2)). Please check the primary purpose:   1. Scientific research relating to the conservation of the species. 2. The activity benefits the species or is required to enhance its chance of survival in the wild. 3. Affecting the species is incidental to the carrying out of the activity. |
| **3. Qualified persons**  Demonstrate that the activities will be undertaken by qualified persons: |
| **4. Alternatives**  Paragraph 73(3)(a) of SARA requires that all reasonable alternatives to the activity that would reduce the impact on the species have been considered and that the best solution has been adopted.  Please demonstrate that all reasonable alternatives to the proposed activity that would reduce the impact on the species have been considered, including the “do nothing” option:    Explain why you believe that your proposed approach is the best solution: |
| **5. Mitigation measures**  Please demonstrate that all feasible measures will be taken to minimize the impact of the activity on the species or its critical habitat or the residences of its individuals (as per paragraph 73(3)(b) of SARA): |
| **6.** **Effect on survival or recovery**  Describe any impacts that the activity may have on the listed wildlife species, its critical habitat or the residences of its individuals, the possible effects of those impacts, the significance of those effects, and why you believe that your proposed activities will notjeopardize the survival or recovery of the species (as per paragraph 73(3)(c) of SARA): |
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| **Annex 4: Exchange** | | | | |
| **Name** | **Organization** | **Permit Number** | **Species** | **Giving or Receiving** |
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| **Annex 5: Additional project and activity information** | | | |
| **1.1 Project title** | | | |
| **1.2 Project objectives**  Please outline the objectives of the project proposed and the contribution of its results to society’s understanding of migratory birds, ecosystem health or human well-being. Indicate whether the question in this study has been answered before. | | | |
| **1.3 Project summary**  Provide a plain language summary of the project | | | |
| **1.4 Project description**  Briefly describe how you will achieve the project’s objectives, with a summary of how birds will be captured, handled, marked, and sampled. | | | |
| **1.5 Project justification**  Provide justification for the need to work with migratory birds, and a rationale for the choice of species and sample size, and the sex and age classes to be affected. For live education collections, please indicate why alternative methods are insufficient. | | | |
| **1.6 Applicant qualifications (or resume or CV attached )**Please describe your experience and qualifications in relation to the proposed activities in your application (include technical qualifications, academic qualifications, publication history, field training, internships and trainers or mentors). | | | |
| **1.7 Injuries and mortalities**  Use the checkboxes to indicate which of the following services you are able to provide in case of injury to migratory bird: | | | |
| Wildlife first aid | Transport to a permitted rehabilitation center.  Name:  Email:  Location:  Permit number (if known): | | Euthanasia or humane killing  Method:  Not applicable (for dead migratory birds and specimens) |
| **1.8 Collaborating permittees (for Banding applicants only)**  Please provide the names, bird banding permit numbers, and a list of authorizations for each collaborator who will be undertaking project activities without supervision. Authorizations are listed in Table 1 of the instructions. | | | |
| **Name** | **Permit number** | **Authorizations** | |
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| **1.9 Geographic scope**  I intend to undertake activities in the following provinces and territories:  AB  BC  MB  NB  NL  NS  NT  NU  ON  PE  QC  SK  YT  Please note that you may be asked to provide specific locations for intended activities for which you are submitting an application, as required. You may require additional permits or permissions to undertake activities on any public, private or indigenous lands. | | | |
| **1.10 Address, UTM, geolocation or proximity to nearest identifiable town or city**  Please provide the location(s) where the activities will be conducted:      If migratory birds are to be held in captivity, provide the address of the facility where they will be held:    If birds are to be released in a location other than at the point of capture, provide the location of release: | | | |
| **1.11  Project duration (anticipated)** | | | |
| Start date: | | End date: | |
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