Michigan Department of Natural Resources – Wildlife

PROJECT CONTROL APPLICATION AND PERMIT

Under the authority of Public Act 451, Part 401 and the Wildlife Conservation Order (WCO), Sections 5.50 through 5.55.

Completion of this application is required to request a permit for use of pesticides outside of buildings in Michigan to control the depredations of pigeons, starlings, or English sparrows. After being approved and signed by the Director's Authorized Representative this application becomes a valid permit.

APPLICANT INFORMATION *(Please print)*

Name of Business	Permit Type ☐ New ☐ Renewal ☐ Amended
Name of Applicant	Telephone ( )
Business Address	Email Address
City, State & ZIP	Pesticide Applicator License Number

LOCATION OF PROJECT

Business Name (if any)	County
Address	**Proposed Pesticide** ☐ AVITROL TREATED CRACKED CORN ☐ AVITROL TREATED WHOLE CORN ☐ AVITROL TREATED MIX GRAIN ☐ OTHER (Specify) _____
City, State, ZIP	
Either Latitude/Longitude or attach map	
Nature and extent of damage	
Project Dates (limit to 120 days or less) Pesticide Baiting Dates _____ through _____	**Species of birds creating damage** ☐ PIGEONS ☐ STARLINGS ☐ ENGLISH SPARROWS

Applicant/Permittee is subject to the "Rules and Regulations Governing the Operation of Pest Control Operators" and must follow labeled directions for application of pesticide. Applicant/Permittee must have a current Commercial Pesticide Applicator's License in the category 7A or 7D issued by the Michigan Department of Agriculture before this Permit is valid. Failure to have such license will render a permit null and void. Baiting must be in such a manner so as not to endanger protected, non-target birds and animals. Baiting must cease if threats to non-target birds and animals exist. Daily surveillance and removal of dead birds is required.

The Applicant/Permittee must be aware of WCO Sections 5.50 through 5.55, and be aware of restrictions on the use of pesticides in the vicinity of current peregrine falcon nesting sites. The Applicant/Permittee certifies that the proposed project is not within a restricted area. The Applicant/Permittee understands that if a permit is issued, an activity report is required within 10 days of the expiration of the permit.

It is the responsibility of the Applicant/Permittee to know and comply with federal, state, and local laws. The Applicant/Permittee understands that, if issued, this permit does not provide any authorization to circumvent any federal, state, local zoning, or any other local laws and ordinances. Nor does it provide any exception to the law other than to authorize the control of depredations caused by the species indicated on this application/permit, by the use of the pesticide indicated on this application/permit, during the time period and at the location indicated on this application/permit.

LIABILITY. Applicant/Permittee hereby releases, waives, discharges and covenants not to sue the State of Michigan, its departments, officers, employees and agents, from any and all liability to Applicant/Permittee, its officers, employees and agents, for all losses, injury, death or damage, and any claims or demands thereto, on account of injury to person or property, or resulting in death of Applicant/Permittee, its officers, employees or agents, in reference to the activities authorized by this permit (if issued).

INDEMNIFICATION. Applicant/Permittee hereby covenants and agrees to indemnify and save harmless, the State of Michigan, its departments, officers, employees and agents, from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to (1) issuance of this permit; (2) the activities authorized by this permit; and (3) the use or occupancy of the premises which are the subject of this permit by the Applicant/Permittee, its employees, contractors, or its authorized representatives.

I certify that I have read and understand (1) this application/permit, (2) WCO Sections 5.50 through 5.55, and (3) all the requirements associated with the issuance of this Permit and that all the information provided herein and on any attachments is true and correct to the best of my knowledge.

_____ _____

Signature of Applicant/Permittee *Date*

Complete (include signature) and return to:

WILDLIFE DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30444
LANSING MI 48909-7944

DNR USE ONLY		
☐ **Approved** ☐ **Denied**		
Directors Authorized Representative Signature of Approval		
Management Unit Supervisor Signature of Approval (if applicable)		
Issue Date	Expiration Date	Permit Number
Law Enforcement District	Wildlife Management Unit	