State of Wisconsin
Department of Natural Resources
Bureau of Natural Heritage Conservation
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

## Regulatory Removals Broad Incidental Take Permit / Authorization Annual Report

Form 1700-089 (10/2023)

## Information on the Regulatory Removals Broad Incidental Take Permit/Authorization Annual Report

- o This form is for required annual reporting for a Broad Incidental Take Permit/Authorization covering specific state-listed endangered and threatened species during handling, removal and relocation activities associated with regulatory activities.
- o Please contact us as soon as possible if you have questions about this form or requirement.
- o This form is specific to the Regulatory Removals Broad Incidental Take Permit/Authorization and cannot be substituted with another form.
- o The information you provide on this report does not constitute or act as a substitute for a report for any other permit.
- o This form may be submitted by permit holders at any time if work for the calendar year has been concluded.

Notice: Rare species data collected from permit holders and applicants may be added to the Wisconsin Natural Heritage Inventory database. Personal information collected on this form will be used to process your request and may also be made available to requesters under Wisconsin's Public Records law [ss. 19.31-19.39, Wis. Stats.].

Applicant Information:					
Name		Permit /	Permit / Authorization Number		
Street Address					
City		State	ZIP Code		
Telephone Number	Email Addres	SS			
Permit/Authorization Activity					
This annual report is for calendar year:					
In the grid below, list all projects for which yo Attach/include a separate page if more space		nd/or removals, ald	ong with totals observed and/or i	moved for each project.	
Project Name and Location	Species	Total Moved	Total Handled (Surveys)	Total Observed Mortality	
Comments:					
Certification					
I certify that I have read, am familiar with, an I hereby certify that I am the person making related materials are true. I agree to allow a agree to comply with any and all conditions	this annual report, and in inspection of my per	d that the stateme mit by Departmen	nts made by me in this report a t of Natural Resources personi		
Date Signed	Applicant Sign	Applicant Signature			

## Report Submission

Send your completed application to: DNRERReview@wisconsin.gov or

Endangered Resources Review Program Wisconsin DNR, Bureau of Natural Heritage Conservation P.O. Box 7921 Madison WI 53707-7921