Connecticut Canada Goose Agricultural Depredation Permit Application

Type or print legibly and answer all questions thoroughly. Mail completed application to the Migratory Game Bird Program, Franklin Swamp WMA, 391 Route 32, North Franklin, CT 06254, or email to Kelly.Kubik@ct.gov. Allow two weeks for processing. Permits are free-of-charge and are valid for one season (March through August). Information regarding permit renewals will be mailed to permit holders before March of each year.

I. Agricultural Property Information

1. Name of Farm: ______________________________________________________________

2. Mailing Address: ______________________________________________________________________

   ________________________________________________________________
   Town: _______________________________ State: _____ Zip Code: __________

3. Phone Number (include area code): ( ______ )   ______  -  ______________

4. Principal owner(s):

   __________________________________________________________________________

5. Describe the type of agricultural operation (crop, dairy, produce, etc.):

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

6. Acreage of total property: __________

7. Acreage under agriculture production: __________

8. Acreage owned: __________

9. Acreage leased: __________

10. Provide the property owner’s name(s) and address(es) if you lease any land for agricultural production:

    Leased Property # 1

    Property Owner’s Name(s): __________________________________________________________________________

    Physical Location of Property: __________________________________________________________________________

    Phone number (include area code): ( ______ )   ______  -  ______________

    Mailing Address: __________________________________________________________________________

    ________________________________________________________________
    Town: _______________________________ State: _____ Zip Code: __________

    Leased Property # 2

    Property Owner’s Name(s): __________________________________________________________________________

    Physical Location of Property: __________________________________________________________________________

    Phone number (include area code): ( ______ )   ______  -  ______________

    Mailing Address: __________________________________________________________________________

    ________________________________________________________________
    Town: _______________________________ State: _____ Zip Code: __________
Leased Property # 3
Property Owner’s Name(s): ___________________________________________________________

Physical Location of Property: ______________________________________________________

Phone number (include area code): ( ______ ) ______ - ______________

Mailing Address: _________________________________________________________________

______________ State: _____ Zip Code: ______

Leased Property # 4
Property Owner’s Name(s): _______________________________________________________

Physical Location of Property: ______________________________________________________

Phone number (include area code): ( ______ ) ______ - ______________

Mailing Address: _________________________________________________________________

______________ State: _____ Zip Code: ______

11. Provide the agents(s)/employee(s) names who will be authorized to act under this permit:
   Agent/employee (1): _____________________________________________________________
   Agent/employee (2): _____________________________________________________________
   Agent/employee (3): _____________________________________________________________
   Agent/employee (4): _____________________________________________________________
   Agent/employee (5): _____________________________________________________________
   Agent/employee (6): _____________________________________________________________
   Agent/employee (7): _____________________________________________________________
   Agent/employee (8): _____________________________________________________________
   Agent/employee (9): _____________________________________________________________
   Agent/employee (10): ____________________________________________________________
II. Damage Information

12. In what year did you first begin to experience problems with Canada geese: __________

13. In the last five years has the magnitude of your Canada goose problems been (circle one):

<table>
<thead>
<tr>
<th>Decreasing</th>
<th>Same</th>
<th>Increasing</th>
</tr>
</thead>
</table>

14. How many Canada geese are present on your property during the following months?

<table>
<thead>
<tr>
<th>March: __________</th>
<th>April: __________</th>
<th>May: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>June: __________</td>
<td>July: __________</td>
<td>August: __________</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

15. What would you consider the acceptable number of Canada geese on your property during the following months?

<table>
<thead>
<tr>
<th>March: __________</th>
<th>April: __________</th>
<th>May: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>June: __________</td>
<td>July: __________</td>
<td>August: __________</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

16. Describe the crop damage caused by Canada geese and the monetary loss associated with that depredation during the following months:

March:______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

April:_______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

May:_______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

June:_______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

July:_______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

August:____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
III. Damage Management Information

17. Describe past and present non-lethal Canada goose management activities on your property and their effectiveness:

   a. Dog service: (Yes / No)
      Cost: ________      Date begun: ________   Date concluded: ________
      Results and comments: ____________________________________________
                          ____________________________________________
                          ____________________________________________
                          ____________________________________________
                          ____________________________________________

   b. Fencing: (Yes / No)
      Cost: ________      Date begun: ________   Date concluded: ________
      Results and comments: ____________________________________________
                          ____________________________________________
                          ____________________________________________
                          ____________________________________________
                          ____________________________________________

   c. Habitat modification: (Yes / No)
      Cost: ________      Date begun: ________   Date concluded: ________
      Results and comments: ____________________________________________
                          ____________________________________________
                          ____________________________________________
                          ____________________________________________
                          ____________________________________________

   d. Hazing (harassment): (Yes / No)
      Cost: ________      Date begun: ________   Date concluded: ________
      Results and comments: ____________________________________________
                          ____________________________________________
                          ____________________________________________
                          ____________________________________________
                          ____________________________________________

   e. Mylar tape: (Yes / No)
      Cost: ________      Date begun: ________   Date concluded: ________
      Results and comments: ____________________________________________
                          ____________________________________________
                          ____________________________________________
                          ____________________________________________
                          ____________________________________________
f. Noise makers: (Yes / No)

Cost: ________      Date begun: ________   Date concluded: ________
Results and comments: ________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

g. Other: (Yes / No)

Cost: ________      Date begun: ________   Date concluded: ________
Results and comments: ________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

18. Describe past and present lethal Canada goose management activities on your property and their effectiveness:

a. Egg addling (as authorized under a Federal Depredation Permit): (Yes / No)

Cost: ________      Date begun: ________   Date concluded: ________
Results and comments: ________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

b. Hunting: (Yes / No)

Cost/Revenue (if leased): ________      Date begun: ________   Date concluded: ________
Results and comments: ________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

c. Shooting out of season (as authorized under a Federal Depredation Permit): (Yes / No)

Cost: ________      Date begun: ________   Date concluded: ________
Results and comments: ________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Information Concerning Canada Goose Agricultural Depredation Permits

Effective September 11, 2006, the U.S. Fish and Wildlife Service implemented new regulations concerning the management of nuisance resident Canada geese. These new regulations authorize more aggressive means for the alleviation of problems associated with resident Canada geese. One piece of this new regulation concerns agricultural damage. In order to prevent current or future agriculture depredation from occurring, the Connecticut Department of Energy and Environmental Protection is implementing a management program that allows persons actively involved in commercial agriculture (actual or potential gross annual income of $2,500 or more from the commercial cultivated production of livestock and poultry, grain, forage, fruit, vegetables, flowers, ornamental plants, or Christmas trees) to conduct lethal resident Canada goose damage management actions. These management actions include the destruction of resident Canada goose nests and eggs and the take of resident Canada goose.

Frequently Asked Questions about the Program

Who is eligible to participate in the program?
Persons actively involved in commercial agriculture (actual or potential gross annual income of $2,500 or more from the commercially cultivated production of livestock and poultry, grain, forage, fruit, vegetables, flowers, ornamental plants, or Christmas trees).

If I lease some/all of my cropland, can I use this permit on that land?
If you lease land, the primary landowner must possess a permit, with you listed as one of the designated agents if control activities are to occur on the leased land.

How much does a permit cost?
Permits are free-of-charge.

What activities are allowed under this permit?
Non-toxic egg oiling and/or egg and nest destruction (March 1 to August 31). Take by shotgun (April 1 to August 31).

Do you need a firearms hunting license to take geese under this permit?
Designated agents are required to possess a valid Connecticut hunting license and Connecticut Migratory Bird Conservation Stamp; however, landowners, when shooting on their own property, and not acting as an agent on leased land, are exempt from these requirements.

Can you use any other firearms besides a shotgun to take geese?
No, only shotguns using approved non-toxic shot are permitted. Only the following shot shall be used: non-toxic steel shot no larger than BB steel, or any other federally-approved non-toxic shot type, such as bismuth-tin alloy, tungsten iron, tungsten polymer, tungsten matrix, or tungsten-nickel-iron (Hevishot) shot no larger than #2. No person may possess lead shot while acting under this depredation order.

Can you use decoys or calls to lure Canada geese into range under this permit?
No, you are not allowed to use decoys, calls, or any other devices to lure geese within range.

Why is the permit only valid until August 31 of the calendar year?
After August 31, we advise farmers to use our liberal resident Canada goose hunting season that begins in early September.

Where can I get more information about this program?
You can contact the Wildlife Division’s Migratory Gamebird Program at 860-418-5960 or by e-mail at Kelly.Kubik@et.gov.