

## NWCO Activity Report Form\*

NWCO Name & Company: \_\_\_\_\_ License#: N Reporting Year: \_\_\_\_\_

"I declare, under penalties of false statement, that the submitted information of my activities as a NWCO is true, accurate and complete to the best of my knowledge and belief."

NWCO Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*As required under CGS 26-47 (b) (6), NWCOs must submit an activity report annually by Dec. 31. Submission of a report is a condition for renewal.

Job #	Date	Town	Species	Nature of Problem*	Total # Controlled (Trapped, Handled, Evicted, etc.)	Control Method Used: (live trap, kill trap, exclusion/eviction, hand capture)	# Released On site	# Killed	How Killed (head shot, CO <sub>2</sub> , kill trap, lethal injection, other)	# Relocated	Location Relocated