



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

CANADA GOOSE NEST & EGG DESTRUCTION

PERMIT APPLICATION

Applicant Name, Title (if any):	
Company/Business/Agency (if applicable):	Location(s) where nest/egg destruction activities will take place (if different from left):
Address:	Address:
City:	City:
State:	State:
County:	County:
Zip:	Zip:
Phone:	Contact Person (if different from above):
Email:	Phone: ()

RESOURCE INFORMATION:

<p>What resource is being damaged by Canada geese?</p> <p> <input type="checkbox"/> Agriculture <input type="checkbox"/> Turf <input type="checkbox"/> Ornamental <input type="checkbox"/> Structure <input type="checkbox"/> Human Health/Safety <input type="checkbox"/> Other </p> <p>What time of year is the damage occurring?</p> <p> <input type="checkbox"/> All Year <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter </p> <p>Is the damage occurrence new or recurrent?</p> <p> <input type="checkbox"/> New <input type="checkbox"/> Recurrent </p> <p>If recurrent, for how long? _____</p>	<p>Briefly describe the nature of the damage?</p>
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DAMAGE ESTIMATE:

<p>Estimate the annual economic cost you have incurred due to the damage caused by Canada geese (if possible)? _____</p>

CANADA GOOSE INFORMATION:

<p>Estimate the number of Canada geese that are causing damage on the property?</p> <p>_____</p>	<p>Estimate the number of Canada goose nests that are usually on the property?</p> <p>_____</p>
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CONTROL MEASURES TAKEN:

List all the non-lethal control techniques you have tried to resolve your conflict (check all that apply) and indicate how long you have tried each technique (indicate in the space provided the number of months attempted).

<input type="checkbox"/> Stopped Feeding	<input type="checkbox"/> Flags, Tape	<input type="checkbox"/> Overhead Grids
<input type="checkbox"/> Chemical Repellant	<input type="checkbox"/> Chase Dogs	<input type="checkbox"/> Eye-spot Balloons
<input type="checkbox"/> Barrier Plantings	<input type="checkbox"/> Egg Destruction	<input type="checkbox"/> Noisemakers
<input type="checkbox"/> Fencing	<input type="checkbox"/> Pond Modification	<input type="checkbox"/> Hunting Program
<input type="checkbox"/> Swans	<input type="checkbox"/> Laser/Lights	<input type="checkbox"/> Plastic Alligator
<input type="checkbox"/> None	<input type="checkbox"/> Other (specify): _____	

PROPERTY INFORMATION:

Do you own the property where the nest/egg destruction activities will take place?

Yes No

If not, please list the name, address and phone number of the property owner in the space to the right or on attached sheet.

Name:

Address:

City:

State:

Zip:

Phone: ()

PERSONNEL INFORMATION:

Who will be participating in the nest/egg destruction activities? Please list below the name of everyone who will be involved (attach additional sheet if necessary). If the individual represents a commercial goose or wildlife management company, please provide the company name and their phone number.

METHOD OF CANADA GOOSE EGG DESTRUCTION:

What method of Canada goose egg destruction will you use? (Check one)

Addling (shaking):

Oiling:

CERTIFICATION: I hereby certify that the information submitted in this application is complete and accurate to the best of my knowledge and belief.

Signature in ink:

Date:

When complete please return to:

Ben Williams, IL Dept. of Natural Resources

2050 W. Stearns Rd.

Bartlett IL 60103

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Phone (847)608-3177

Fax: (847)608-3109

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