Michigan Department of Natural Resources - Wildlife Division



Applicant

**APPLICANT INFORMATION** 

## APPLICATION AND PERMIT FOR MUTE SWAN NEST/EGG DESTRUCTION

Required under the authority of the Wildlife Conservation Order, Sections 5.51 and 9.1

This form is the application and permit for mute swan nest/egg destruction. After being approved and signed by the Director's authorized representative, it becomes a valid permit. A permit is required to participate in any mute swan nest/egg destruction activity.

Property Contact

PROPERTY INFORMATION (IF DIFFERENT FROM APPLICANT)

Telephone (including area code)

Mailing Address	Property Address		
City, State, ZIP	City, State, ZIP	City, State, ZIP	
Telephone (including area code)	Name of Site (lake, park,	Name of Site (lake, park, etc.)	
Email Address	Township/City	County	
Name of nuisance animal control firm or agency destroying ne	ests/eggs (if applicable)	I	
<u> </u>			
TYPE OF APPLICATION			
LAKE ASSOCIATION, LAKE AND/OR SITE WITH MU This will require one of the following to be sub-		t have resolution or petition)	
<ul> <li>Resolution: A resolution approved by property owners on the subject lake, bo resolution must be sent with application for your site. Resolutions are usually va</li> </ul>	dy of water or site, approving ne Contact your local township/ci	est/egg destruction for their site. Copy of ity clerk's office to request a resolution	
<ul> <li>Petition: Applicant is a lake, lake association at least 70% of the lakeshore properswan egg and nest destruction. Petition a 5 year period. A copy of signed petition</li> </ul>	erty owners. The petition must cle forms are available from the Mic	early state that its purpose is for mute higan DNR. The petition will be valid for	
Sole Ownership Applicant is an individual, institution, corporation lake, body of water or site, with no public accessubject lake/body of water/site, but wishes to constitute the subject lake/body of water/site, but wishes to constitute the subject lake/body of water/site, but wishes to constitute the subject lake/body of water/site, but wishes to constitute the subject lake/body of water/site, but wishes to constitute the subject lake/body of water/site, but wishes to constitute the subject lake/body of water/site, but wishes to constitute the subject lake/body of water/site, but wishes to constitute the subject lake/body of water/site, but wishes to constitute the subject lake/body of water or site, with no public accessing the subject lake/body of water or site, with no public accessing the subject lake/body of water or site, with no public accessing the subject lake/body of water or site, with no public accessing the subject lake/body of water/site, but wishes to constitute the subject lake/body of water/site, but wishes to constitute the subject lake/body of water/site, but wishes the subject lake/body of water/	ss; <u>OR</u> an individual who does r	not have sole ownership or control of the	
SINGLE COUNTY, TOWNSHIP AND CITY OWNERSH	IP; OR NATIONAL PARK, WILDLIFE	REFUGE, OR FOREST	
Sole Bottomland Ownership Applicant has sole ownership and control of th	e bottom lands of the subject lak	ke/body of water.	

## APPLICATION AND PERMIT FOR MUTE SWAN NEST/EGG DESTRUCTION, CONTINUED

## REQUIREMENTS

To obtain a permit for Mute Swan Nest/Egg Destruction:

- Applicant is responsible to notify all lake front landowners or sites with multiple property owners of mute swan nest/egg destruction activities.
- Permits shall be valid for five years or until the management needs identified are no longer applicable. Permits may be revoked prior to expiration date if the guidelines in the Michigan DNR Mute Swan Management and Control Program Policy and Procedures are not followed or if management activities result in a threat to public health or safety.
- Applicant/Permit Holder must provide all manpower to destroy mute swan nests/eggs, under procedures prescribed
  by the Michigan DNR, or the Applicant/Permit Holder may contract the services of a permitted nuisance animal control
  firm or agency. The Applicant/Permit Holder must bear all costs of the mute swan nest/egg destruction operations.
- Permit Holder must carry a legible copy of this permit and display it upon request whenever you are exercising its authority.
- Prior to undertaking mute swan nest/egg destruction, the Permit Holder must call 1 800-292-7800 and render any
  information requested by the Report All Poaching (RAP) office of the DNR, including but not limited to: location of
  control activity, date and approximate time of control activity, description and count of individuals involved in the
  control activity, and description of the equipment (boats, etc.) used in the control activity.
- Mute swan eggs and nests may be destroyed only in the following manner: 1) Eggs may be sprayed with or submerged in 100% food-grade corn oil. The entire surface of the egg must be coated. Eggs that are destroyed should be placed back in the nest to prevent re-nesting, 2) Eggs may be shaken and placed back in the nest to prevent re-nesting, 3) Eggs may be chilled, 4) Eggs may be removed and disposed of according to local ordinances and applicable state laws, and/or 5) Nest material may be physically removed or altered to deter nesting and/or re-nesting.
- A completion report must be submitted to the issuing DNR Wildlife Biologist for your site within 15 days of mute swan nest/egg destruction activity.

I have read, understand, and will comply with the terms and conditions of the permit. If applicable, I have provided a copy of the petition/resolution to the Michigan DNR, and at least seventy percent of the lakefront owners have signed the petition authorizing Mute Swan nest/egg destruction.

I understand this permit does not authorize trespass.

Further, I assure the Michigan DNR that lakefront land owners or sites with multiple property owners have been notified of Mute Swan program activities.

Mule Gwan program delivilles.		
Applicant Signature	Date	

## Please submit completed and signed application to:

Local DNR Operation Service Center or Local DNR Wildlife Biologist

DNR USE ONLY			
Printed Name of Director's Authorized Representative			
Director's Authorized Representative Signature of Approval			
Issue Date	Expiration Date		
Law Enforcement District	Wildlife Region		

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