

\$0.00

625 Broadway, Albany, New York 12233

License to Deploy 4-Poster TM Devices Application

For O	office Use Only
License #	

For more information on this license visit www.dec.ny.gov/permits/119621.html

Received Date Stamp

*APPLICANT INI	FORMATION				
address	Last	First		M.I.	DOB (mm/dd/yyyy)
	Street Address	Apartment/Unit	City		
email / telephone	County			State	Zip Code
·	Email			() Telephone	
*MUNICIPALITY municipality/public entity	/PUBLIC ENTITY				
address	municipality/public entity name				
334 1 33 2	Street Address	Apartmen	t/Unit City		
	County		Zip Code	() Telephone	-
*PESTICIDE APP pesticide applicator's name	PLICATOR		·		
address	Last	First		M.I.	DOB (mm/dd/yyyy)
	Street Address	Apartment/Unit	City		
email / telephone	County		State	Zip Code	Applicator License Number
*DEVICE LOCAT	Email			Telephone	
*DEVICE LOCAT	ION				
County		City		Number of devices to	be deployed
*ADDITIONAL R		ncluded with your license applicat	ion		
 A USGS map of location(s) of ea dwelling, multip 	the area where the 4-PosterTM of ach device to be deployed. The note the note of a contract of the note of the develling, playground, or any of	device(s) will be deployed clearly a nap must include notations idention other location where children may se location (Universe Transverse N	showing each 40- fying any 4-Poster be present with	rTM device that will be pout adult supervision. In	placed within 300 feet of any
map must ident	ify the specific properties (tax pa	ies that fall wholly or partially with arcel numbers, etc.) that are inclu ties that are wholly or partially inc	ded in the propos	sed treatment area and	their owners.
	is not a municipality, written app	proval of the proposed device loca			
	•	plemented in conjunction with th	e use of 4-Poster	TM devices. (use provid	ed template);
NOTICE: False stat	ements made herein are pur	nishable as a Class A Misdeme	eanor pursuant	to Section 210.45 of	the penal law.
Applicant's Signature	2			Dat	e
	PPLICATION AND REQUIRED DOCUMENT(s) vironmental Conservation 5th Floor	то:		The state of the s	tions or concerns, please contact u 518) 402-8985 · Fax: (518) 402-892 Email: <u>SpecialLicenses@dec.ny.go</u>

Website: www.dec.ny.gov/63.html



Landowner Consent - Application for Permit to Deploy 4-Poster TM Devices

For more information on this license visit www.dec.ny.gov/permits/119621.html

Applicant Name	Device Location County	City

Owners of all properties that are wholly or partially included in a 40 acre circle (745 foot radius) centered on each 4-PosterTM device location must provide written confirmation that they have been informed of the placement of the device in proximity to their property; that they have been informed of the nature and purpose of the 4-PosterTM device; and that they give consent for the device to be deployed.

In the space provided below, list names of the owners of all properties that will be within 745 feet of the device location. Include all tax parcel identification numbers. Property owners must give written consent for the placement of the 4-PosterTM device in proximity to their property by signing and dating in the space provided below.

By signing below, I agree that I have been informed of the placement of a 4-PosterTM device in proximity to my property, that I have been informed of the nature and purpose of the 4-PosterTM device, and that I give my consent for the 4-PosterTM device to be installed.

Tax Parcel Identification Number	Property Owner (Print Full Name)	Property Owner Signature	Date of Signature

Use additional sheets as needed. Electronic scans or copies of letters or emails granting consent may be attached in lieu of physical signatures, provided that such letters or emails include tax parcel identification number and the property owner's name.



Deer Management Plan for

name of municipality, group or location

Designated (Describe what is linear about the level described and any accretive inspects described as well as well as	
<u>Background</u> (Describe what is known about the local deer population and any negative impacts deer may be causing, such as vehicle collisions or plant damage. Describe any previous actions that have been undertaken to control the deer population or reduce the negative impacts.)	

scribe what you intend to do as a 4-Po deer from increasing. If your treatme	ent area is within a municipality that has	
ou will be participating in or coordinat		s a deer management program,
on-tick-related negative impacts of dec detail. Provide any pre-treatment mo	er you intend to monitor to track the effontioning data you have.)	ects of your program. Describe your
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