

4 Poster™ Program Annual Report

Application

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

Year: _____

*PERMITTEE INFORMATION

permittee / title & organization Email / telephone / license #		
	Permittee	Title & Organization (if applicable)
	Email Address	Daytime Phone
		License Number

*briefly describe your tick monitoring activities and provide a summary of your results (on a separate sheet if desired)	
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*briefly describe your efforts to control deer numbers and negative impacts (other than ticks)	
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*briefly describe your deer impact monitoring activities and provide a summary of your results (on a separate sheet if desired)	
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Is your 4-Poster™ program achieving its goal? Yes No

*briefly describe any changes planned for next year	
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***NOTICE: False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the penal law.**

Applicant's Signature _____
Date

MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:
 NYS Department of Environmental Conservation
 Special Licenses Unit · 5th Floor
 625 Broadway, Albany, New York 12233

For questions or concerns, please contact us
 Phone: (518) 402-8985 · Fax: (518) 402-8925
 Email: SpecialLicenses@dec.ny.gov
 Website: www.dec.ny.gov/63.html