Qualifications Form for NMFS Permits

OMB No. 0648-0084; Expires: XX/XX/XXXX

Instructions: Please fill out this form and upload to your profile on the Authorizations and Permits for Protected Species (APPS) webpage. Please only add 1 form per individual. See examples of completed forms by permit type on our <u>website</u>.

Persons authorized as the **Principal Investigator** (PI) or **Co-Investigators** (CI) must demonstrate qualifications commensurate with their duties. **If sufficient experience is not provided, personnel will not be authorized to conduct the proposed activities.**

1. Contact information

All documentation submitted will be publicly available. **DO NOT** include personal information (e.g., social security number, date of birth, home phone).

Name (first, middle initial, last): _____

Title:	
Affiliation:	
Business e-mail address:	

Business phone number: _____

2. Table 1. Relevant Education

Degree	Major/Field of Study	Institution and Location	Year Received

3. Relevant Experience

A. Table 2. Relevant Professional History

Job Title	Role	Affiliation	Location (City, State, Country)	Dates (MM/YY- MM/YY)

B. Summary of Experience

Please choose Option 1 (Table) **OR** Option 2 (Biosketch).

Option 1- TABLE. In the table below:

- List all procedures (e.g., boat driver, photo-ID, biopsy sampling, suction-cup tagging, dart tagging, capture and handling, UAS pilot, etc. [See Appendix 1 for a list of commonly used procedures]) that you are requesting to perform under any NMFS permit. Do not include procedures for which you have no experience. Note, this form may be updated at any time. Only combine procedures in the same row for which you have the same experience metrics.
- 2. Experience Metrics for each procedure:
 - a) To the best of your ability, estimate the number of animals, how long you have been performing the procedure(s) (e.g., hours/months/years), and the species and age class.
 - b) Most recent year performed.
 - c) Select the level of experience:
 - **Level 1**: I have assisted with, participated in, or received education/training in performing this procedure, but have **not successfully performed** the procedure.
 - **Level 2**: I have performed this procedure while **under supervision or training** of an expert (e.g., PI, CI, or veterinarian).
 - **Level 3**: I have performed this procedure **without supervision** by a PI/CI.
 - Level 4: I am considered an expert in performing this procedure, and I have supervised or trained others in performing this procedure.

Procedures	Experience Metrics: Estimated Number of Animals, Hours/Months/Years, Species, and Age Class	Most Recent Year Performed	Level of Experience

Table 3. Summary of Experience.

Option 2- BIOSKETCH

Provide a biosketch describing your experience with all the procedures (e.g., boat driver, photo-ID, biopsy sampling, tagging, capture and handling, UAS pilot, etc. [See Appendix 1 for complete list]) that you are requesting to perform under any NMFS permit. To the best of your ability, please include experience metrics to estimate the number of animals, how long you have been performing the procedure (e.g., hours/months/years), species, and age-class. Avoid vague phrases such as *"assisted with,"* or *"participated in,"* which qualify as a Level 1 experience and will not adequately demonstrate your experience performing the procedure if you have Level 2 experience or above.

4. Relevant training, certificates, or licenses

Include additional information to support your qualifications including **specialized training** (e.g., intrusive tagging, biopsy sampling, UAS) and **certificates or licenses** (e.g., diver certification, Federal Aviation Administration certification) received **relevant to the procedures in Table 3 or your Biosketch**. For training, include description of training, year(s) received, and institution or expert who trained you. For certificates or licenses, include year received and expiration date.

- 5. **Relevant peer-reviewed publication history** (2 pages maximum) List your **relevant** publication history **to support your qualifications**. This list does not need to be exhaustive, but should demonstrate that you have published or are reasonably likely to publish in peer-reviewed journals, or make results of permitted research available. You may provide a link to a webpage or Google scholar list for your complete publication history.
- 6. Relevant reports and presentations (1 page maximum) List other reports or presentations to support your qualifications as described above.

Appendix 1. Procedures available in APPS, by taxa.

Cetaceans	Pinnipeds	Sea Turtles	Fishes
Acoustic, active	Acoustic, active playback/broadcast	Auditory brainstem response test	Anesthetize (MS-222 or
playback/broadcast			Electronarcosis)
Acoustic, passive recording	Acoustic, passive recording	Acoustic deterrent device trial	Borescope
Acoustic, sonar for prey mapping	Acoustic, sonar for prey mapping	Bioelectrical impedance analysis	Captive, (breed, maintain, or public display)
Auditory brainstem response test	Administer drug, (IM, IV, IP, subcutaneous, topical)	Bycatch reduction experiments	Captive, field studies
Capture	Anesthesia, (injectable sedative or gas [cone, mask, intubation])	Captive, lab experiments	Captive, lab experiments
Captive, (maintain or research)	Auditory brainstem response test	Count/survey	Collect eggs or sperm (wild)
Collect, remains for predation	Bioelectrical impedance	Epibiota removal	Instrument, external (e.g., VHF,
study	(subcutaneous or surface)		satellite)
Collect, sloughed skin	Calipers (skin fold)	Imaging (e.g., MRI, CT, CAT, X-Ray)	Instrument, internal (e.g., VHF, sonic)
Count/survey	Captive, maintain	Insert stomach telemeter pill	Laparoscopy
Imaging, thermal	Capture	Instrument, drill carapace attachment	Lavage, gastric
Insert ingestible telemeter pill	Cognitive studies	Instrument, epoxy attachment (e.g., satellite tag, VHF tag)	Mark, (Carlin dangler, Floy T-bar, bovine/DNA, coded wire, dart, disk anchor, elastomer, or OTC)
Instrument, belt/harness	Collect, (molt, scat, spew, urine)	Instrument, harness attachment	Mark, (M-tag, PIT tag, double barb tag, or roto tag)
Instrument, dart/barb	Count/survey	Instrument, suction-cup attachment	Measure and weigh
Instrument, bolt/pin	Instrument, external (e.g., VHF, SLTDR)	Instrument, pygal attachment	Necropsy
Instrument, deep-implant	Instrument, internal (e.g., PIT)	Laparoscopy	Photograph/Video
Instrument, suction-cup	Mark, (bleach, clip fur, dye/paint, flipper tag, freeze brand, hot brand, neoprene patch)	Lavage	Remote vehicle, aerial fixed wing or (VTOL)
Lavage	Measure and weigh	Mark, (PIT tag, carapace, flipper tag, oxytetracycline injection, or visual)	Remote vehicle, vessel or amphibious
Mark, (freeze brand/ roto tag)	Metabolic chamber/hood	Measure and weigh	Salvage (carcass, tissue, or parts)
Measure and weighObservation, (mark resight, monitoring, or behavioral)Orientation research		Orientation research	Sample, blood

Cetaceans	Pinnipeds	Sea Turtles	Fishes
Measure colonic temperature	Photograph/Video and Photo- Identification	Photograph/Video	Sample, (barbel clip, fin clip, fin ray, scute, scute spine)
Metabolic chamber/hood	Photogrammetry	Recapture (gear removal)	Sample, biopsy (gill, gonads, liver, or muscle)
Observation, behavior or monitoring	Remote video monitoring	Remote vehicle, aerial (VTOL or fixed wing)	Transport
Photograph/Video and Photo- Identification	Remote vehicle, aerial (VTOL or fixed wing)	Remote vehicle, amphibious or vessel	Treatment, prophylactic or therapeutic
Photogrammetry	Remote vehicle, amphibious or vessel	Salvage (carcass, tissue, or parts)	Ultrasound
Remote vehicle, vessel or amphibious	Restrain, (board, cage, hand, or net)	Sample, blood	
Remote vehicle, aerial (VTOL or fixed wing)	Salvage (carcass, tissue, parts)	Sample, swab (cloacal, nasal, or oral)	
Restrain	Sample, blood	Sample, biological (fecal, fat, scute, tissue, or tumor)	
Sample, swab (anal, blowhole, oral, or vaginal)	Sample, biopsy (blubber, skin, or muscle)	Sample, biopsy (bone, muscle, organ)	
Sample, blood	Sample, (nail, hair, or vibrissae)	Tracking	
Sample, biopsy (skin, blubber, or muscle)	Sample, swab (anal, nasal, ocular, oral, fecal, or mucus membranes)	Transport	
Sample, exhaled air	Sample, (milk, fecal [enema or loop], urine, or stomach)	Tumor removal	
Sample, biological (milk, urine, fecal, or sperm)	Sample, tooth extraction	Ultrasound	
Sample, tooth extraction	Serial blood samples (Evans blue, hormones)		
Tracking	Transport		
Transport	Ultrasound		
Ultrasound	Underwater photo/videography		
Underwater photo/videography	X-ray		
X-ray			

Paperwork Reduction Act Statement

The information requested in this form is required and is used to determine whether individuals conducting activities proposed under a requested permit possess qualifications commensurate with their duties and responsibilities (50 CFR 216.35).

Public reporting burden for this collection of information is estimated to *average* **1 hour per response**, including the time for reviewing the form, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This information and any other associated documents are subject to the Freedom of Information Act.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

Qualifications Form for Public Display

OMB No. 0648-0084; Expires: XX/XX/XXXX

Instructions: Please fill out this form and submit with your permit application. Please only add 1 form per individual. See an example completed form on our <u>website</u>.

Persons authorized as the **Principal Investigator** (PI; individual overseeing the take or import), **Co-Investigators** (CI; team leads for either take or import), and **Veterinarians** must demonstrate qualifications commensurate with their duties. **If sufficient experience is not provided**, **personnel will not be authorized to conduct the proposed activities**.

1. Contact information

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Name (first, middle initial, last): _____

Title:	
Affiliation:	
Business e-mail address:	
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2. Table 1. Relevant Education

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3. Relevant Experience

A. Table 2. Relevant Professional History

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B. Summary of Experience. Please choose Option 1 (Table) OR Option 2 (Biosketch).

Option 1- TABLE. In the table below:

- List all procedures (e.g., transport, restrain, capture [See Appendix 1 for a list of commonly used procedures]) that you are requesting to perform under any NMFS permit. Do not include procedures for which you have no experience. Note, this form may be updated at any time. Only combine procedures in the same row for which you have the same experience metrics.
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 - Level 4: I am considered an expert in performing this procedure, and I have supervised or trained others in performing this procedure.

Table 3. Summary of Experience.

Procedures	Experience Metrics: Estimated Number of Animals, Hours/Months/Years, Species, and Age Class	Most Recent Year Performed	Level of Experience

Option 2- BIOSKETCH

Provide a biosketch describing your experience with all the procedures (e.g., transport, restrain, capture [See Appendix 1 for complete list]) that you are requesting to perform under any NMFS permit. To the best of your ability, please include experience metrics to estimate the number of animals, how long you have been performing the procedure (e.g., hours/months/years, total number of transports), species, and age-class. Avoid vague phrases such as "assisted with," or "participated in," which qualify as a Level 1 experience and will not adequately demonstrate your experience performing the procedure if you have Level 2 experience or above.

4. Relevant training, certificates, or licenses

Include additional information to support your qualifications including specialized training (e.g., intrusive tagging, biopsy sampling, UAS) and certificates or licenses (e.g., diver certification, Federal Aviation Administration certification) received relevant to the procedures in Table 3 or your Biosketch. For training, include description of training, year(s) received, and institution or expert who trained you. For certificates or licenses, include year received and expiration date.

5. Relevant reports, publications, or presentations (Optional; 2 page maximum) List reports, publications, or presentations to **support your qualifications** as described above.

Cetaceans	Pinnipeds
Capture	Administer drug (IM, IV, IP, subcutaneous, topical)
Captive (maintain or research)	Anesthesia (injectable sedative or gas [cone, mask,
	intubation])
Collect, sloughed skin	Captive, maintain
Count/survey	Capture
Imaging, thermal	Collect (molt, scat, spew, urine)
Lavage	Measure and weigh
Measure and weigh	Observation, (mark resight, monitoring, or behavioral)
Measure colonic temperature	Other
Observation, behavior or monitoring	Photograph/Video and Photo-Identification
Other	Photogrammetry
Photograph/Video and Photo-Identification	Remote vehicle, aerial (VTOL or fixed wing)
Photogrammetry	Remote vehicle, amphibious or vessel
Remote vehicle, vessel or amphibious	Restrain (board, cage, hand, or net)
Remote vehicle, aerial (VTOL or fixed wing)	Sample, blood
Restrain	Sample, biopsy (blubber, skin, or muscle)
Sample, swab (anal, blowhole, oral, or vaginal)	Sample (nail, hair, or vibrissae)
Sample, blood	Sample, swab (anal, nasal, ocular, oral, fecal, or mucus
	membranes)
Sample, biopsy (skin, blubber, or muscle)	Sample (milk, fecal [enema or loop], urine, or stomach)
Sample, exhaled air	Transport
Sample, biological (milk, urine, fecal, or sperm)	Ultrasound
Transport	Underwater photo/videography
Ultrasound	

Appendix 1. Take table procedures, by taxa.

Paperwork Reduction Act Statement

Underwater photo/videography

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