rec	cording to the Paperwork Reduction Act o ormation unless it displays a valid OMB or puired to complete this information collection arching existing data sources, gathering as	ontrol number. The valid on is estimated to avera and maintaining the data	OMB control number ge .059 hours per res needed, and complet	for this information collect ponse, including the time ing and reviewing the coll	tion is 0579-0335	i. The time	OMB Approved 0579-0335	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES  Work Initiation Document Number						nitiation	9,18,17 MM DD YYYY	
SECTION 1	3. TYPE OF WORK INITIATION DOCUMENT (mark all that apply):  Private Property Temporary Non-Private Property Assign to These Special Groups b.  Adjacent Landowner Addendum to a Work Initiation Doc. Work Initiation Doc.							
	4. Cooperator's Name  Last  5. Cooperator's Address			First Middle				
SECTION 2	Street  Where will work be performed? (give address or directions, it different from above)  6. Business/Farm/Ranch/or Common Name  Madi. Son Country Rd. Dept. 7.  State ZIP Code							
	Owner's or Representative's Name     Owner's or Representative's Addressif different from Cooperator's)	Street	(If different from Co	operator's)	9	Cooperator Te	lephone Number	
SECTION 3	11. WS Employee and Work Location Information:  Du Jula WS Employee Name  M Ali S County  M is c	12. Land Class Infon Land Class  1. County  2.  3.  4.	Acres	13. Adjoining Prope Information Docume  1 2 3 4		State  14. Species info  1. Bla  2. Mu  3	ZIP Code mation:  u  y  u  v  v  v  v  v  v  v  v  v  v  v  v	
SECTION 4	State  15. If box is checked, attachment lists additional species.  16. In consideration of the benefits to be derived from the proper management of damage caused by those species listed in Section 3 ttem 14. (and Item 15., if applicable). I. the undersigned cooperator's representative, do hereby give my consent and concurrence to the Animal and Plaint Health Inspection Service (APHIS) (to include its officials employees, and eigents) to use, upon lands owned, leased, or otherwise controlled by me, and identified by this Work Initiation Document, the following methods and devices:  COMPONENTS: 1.  15. If box is checked, attachment lists additional methods or devices.  16. If plants  17. If box is checked, attachment lists additional methods or devices.							
SECTION 6	17. I, the cooperator or cooperator's representative, have been informed of the methods and the manner in which the control materials and devices listed in Section 4 will be used, and of the possible hazards associated with their use. I understand that APHIS, (to include its officers, employees and agents) will: exercise reasonable precautions to safeguard all persons to prevent injury to animal life other than those listed in Section 3, Item 14. (and Item 15., if applicable); guard against the mishandling of control devices and materials; and exercise due caution and proper judgment in all wildlife damage management operations. I understand that APHIS, WS, will maintain restricted use pesticide application records on applications made under the Work Initiation Document, and that APHIS, WS, will provide copies of the records or record information promptly upon the property owner's or cooperator's request. I understand that APHIS may collect Global Positioning System (GPS) coordinates at the project site as part of component or activity tracking or as wildlife disease monitoring or research data.							
SECTION 6	18. In consideration of these understan prevent injury to livestock and other don the part of APHIS; assist in maintaining associated with wildlife damage manage lands. Further, in recognition of the bena cooperator's representative, agree not to reasonably be expected to take a specie	nestic animals; assume in such warning signs as A ement measures in use t efits to be derived from the concurrently use or alk	responsibility for injury PHIS may place for the hereon; and to give a he use of specified move to be used upon la	to my property under my he purpose of notifying pe dequate warning of these ethods and devices autho ands covered by this Worl	y control, when sa ersons entering or e possible hazards orized by this Wor t bitiation Docum	aid injury is not the nto such lands of to persons I auth k Initiation Document any toxic markets	result of negligence on the possible hazards sorize to enter onto such sent, I, the cooperator or sorial that missly	
	ECIAL CONSIDERATIONS:  SNATURE AND TITLE (Landowner, Lesse			UMBER   ADDRESS			) DATE	
SIC	SNATURE AND TRUE (APHIS Represent	ative)	TELEPHONE N	UMBER ADDRESS			DATE	
( ,	De Venter		42-5	71- F	Senbon,	Ms.	9-18-1	

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