Confederated Tribes of the Colville Reservation - Fish and Wildlife Department

Annual Production Plan and Report of Operations Forms (*Used to plan and/or report animal or gamete importation*)

	N UAL PRODU his a REVISED Produ			?	Plan #		
I. Facility Name:					Date submitted:		
					Email:		
O	perator Name:				Phone:		
Physical Address:					Mailing Address:		
Name and Address of Importation (Originating facility):					Animal Information (scientific/common name):		
D L Ha	otal number to be in oes importation consist origins (as application and application and application) of the consistency of the	me from multiple able): nal infections (with	ithin the last	6 months) o	occurred at the origin	nating facility?	
II	II. Details of Animal Importation						
#	Lot ID (ID on Importation permit)	Quantity	Average Weight	Import Date	Mark Type and Date:	Ploidy Level and Success Rate (%)	
1							
2							
3							
4							
≥30 det		ojected import date r	requires submittal	l of a REVISE	ermit submittal. A 5% or a D Annual Production Plan	more variance to Quantity or a. Attach additional sheets	
Are	re any permit fees on the additional sheets docum	nenting plan attached	? YES 🗌 NO		NO□ If YES, referenc	ee amount:	
	Director, I	Fish & Wildlife De	partment			Date	

POST PRODUCTION RI (Only complete to identif	EPORT FOR YEA y Operator's Post Product			
	•			
I. Facility Name:		Date submitted:		
Operator Name:		Phone:		
Physical Address:		Fax:		
		E-Mail:		
Importation Numbers (reference from production plan	ı):			
II. Annual Production: Please complete this section ONLY if facility had production to rep	oort during the year.			
Harvestable weight produced in the year		Number of animals or gametes imported to site:		
Did the facility have any unintentional animal escapend If yes, please explain and attach additional pages as no				
Number of animals exported off the Colville Reservation:	•	Number of animals currently in possession:		
III. Mortality: Include dates, description, and causes of mass mortalities (>5% pesteps taken to reduce mortality. Attach additional pages, as necess		cility in the past year. Identify treatment or		
Total number and weight of mortality: Name and location of mortality disposition(Please identify	G	be on or off-site disposition, as applicable):		
X. Signature & Certification				
"I certify under penalty of law that this document and all attachm with a system designed to assure the qualified personnel properly of the person or persons who manage the system, or those persons best of my knowledge and belief, true, accurate, and complete. I desired including the possibility of fine(s) for knowing violations."	gather and evaluated the directly responsible for g	information submitted. Based on my inquiry athering the information, submitted is, to the		
Print Signature:	Title/Company:			
Signature:	Date:			