

WILDLIFE DAMAGE CONTROL AGENT CERTIFICATION TRAINING WORKSHOP

DATE: Thursday, March 20, 2003
TIME: 8:00 a. m. to 4:30 p.m.
PLACE: JC Raulston Arboretum, Raleigh, NC
COST: \$100, payable in advance

Demand for the Wildlife Damage Control Agent Certification Training Workshop is high. We have reserved the Ruby C. McSwain Education Center at the JC Raulston Arboretum that will hold no more than 80 people. We will accept pre-registration up to that number and prepare a waiting list. You have expressed an interest in this course, and you are among the first to receive this announcement.

The workshop will provide you with the opportunity to take the Certification examination, which when passed, will qualify you to be a North Carolina Wildlife Resources Commission Certified Wildlife Damage Control Agent. You will be entitled to issue wildlife depredation permits for most of the problem animals, excluding big game, protected birds and endangered and threatened species. Your registration fee includes a CD of the two volume book *Prevention and Control of Wildlife Damage*, a special North Carolina notebook with rules, regulations and reference materials, as well as lunch and refreshment breaks. *Note: This course is for certification only. Recertification can be arranged through Mr. Carl Betsill (Betsill@coastalnet.com). Recertification is required each 3 years after attaining the basic certification.*

To secure your place in the workshop, fill in the form below and send your check, payable to the North Carolina State University in the amount of \$100. Deadline for application and check is Monday, March 10, 2003. We will send you a letter of confirmation with a map and directions prior to the workshop.

Questions? Contact Becky Bowers at 919-515-9563 (phone), 919-515-6883 (fax), or becky_bowers@ncsu.edu.

Wildlife Damage Control Agent Certification Training Workshop

Thursday, March 20, 2003

Registration Deadline is March 10, 2003

Name _____ E-Mail _____
Organization _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Fax _____
Special accommodations required _____

Method of Payment:

Registration Fee: \$100

____ Check (*make payable to NC State University*)

____ Credit Card: ____ MasterCard ____ VISA

Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ / _____

Name of Cardholder: _____

Address Card is Billed to: _____

I agree to allow NC State University to charge this credit card for the workshop registration.

Cardholder Signature: _____

Send registration form with payment to FEOP, NC State University, Campus Box 8003, Raleigh, NC 27695; or Fax with credit card information to 919-515-6883.