

**Mohave Ground Squirrel
Designated Biologist Qualification Form**

Name:

First	Last

Mailing Address:

Street	City	State	Zip

Email:

Phone Number:

CDFW MGS MOU Holder? – ___ Yes / ___ No (Check One)

Copy of MGS MOU Attached? ___ Yes / ___ No. IF no, please explain.

SCP# number?

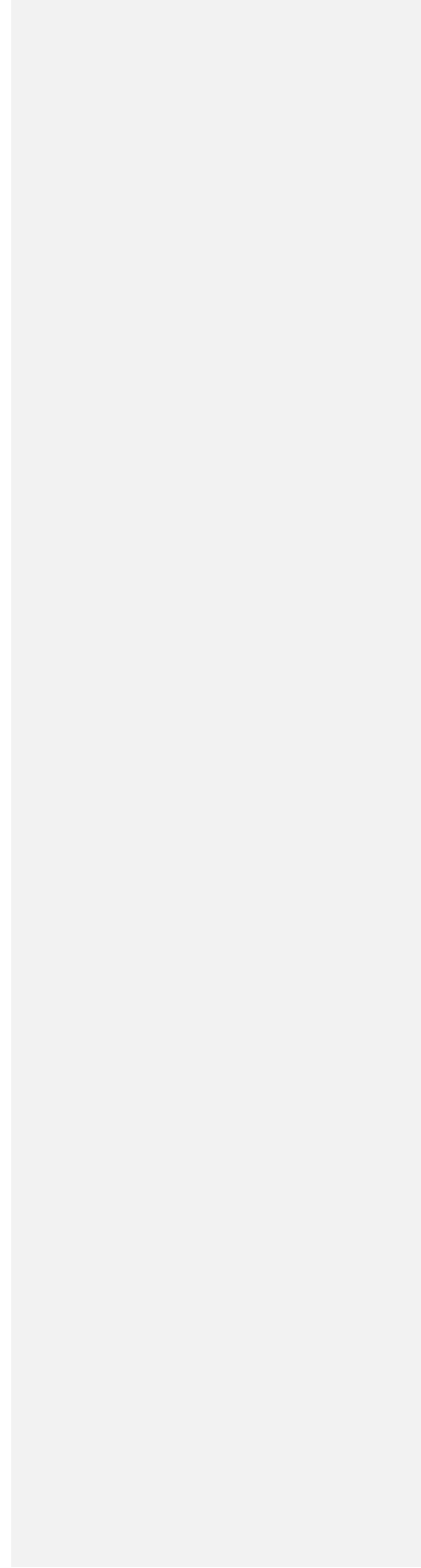
Education and Training

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Provide Three References:

- 1) **Name:**
Mailing Address:
Email:
Phone Number:
- 2) **Name:**
Mailing Address:
Email:
Phone Number:
- 3) **Name:**
Mailing Address:
Email:
Phone Number:

DRAFT



MGS Related Projects (chronological order)

Project Name	
Project Description	
Location	
Proponent	
Project duration	
CDFW ITP number	
CDFW Biologist	
MGS related activities authorized/required by ITP	
Number of MGS observed/handled	

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Location	
Proponent	
Project duration	
CDFW ITP number	
CDFW Biologist	
MGS related activities authorized/required by ITP	
Number of MGS observed/handled	

Additional MGS related experience

- 1) Total years MGS experience: XX years
- 2) Total years conducting protocol trapping surveys (as Field Assistant, Independent Researcher, and/or MOU holder): XX years
- 3) Total number of MGS grids surveyed: XX
- 4) Total number of traps operated: XX
- 5) Total number of MGS handled: XX
- 6) Total number of biologists trained under my supervision: XX (include names?)
- 7) Total number of MGS pit tagged: XX
- 8) Total number of MGS tissue samples taken: XX

8)

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