



This form shall accompany transport or transfer(s) of live or dead wildlife and/or parts thereof to provide documentation of lawful take and possession meeting purposes of Title 14, Section 650, California Code of Regulations, and shall accompany such specimens at all times.

SECTION 1. ORIGINAL PERMITHOLDER INFORMATION				SECTION 2. AUTHORITY OF ORIGINAL TAKE (FILL IN ALL THAT APPLY)			
1a. <input type="checkbox"/> ENTITY		ENTITY PERMITHOLDER GO ID NUMBER (FROM ALDS)		PERMANENT SC ID		PERMIT ID	
EXECUTIVE SIGNATORY FIRST NAME		LAST NAME		<input type="checkbox"/> CALIFORNIA ENDANGERED SPECIES ACT MEMORANDUM OF UNDERSTANDING (MOU) PERMIT NO(s) or ID(s): <input type="checkbox"/> Federal ENDANGERED SPECIES ACT (FESA) SECTION 10(A)(1)(A) (SCIENTIFIC RESEARCH), or FESA 4(D) RULE (RESEARCH) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION, FISHERIES (NMFS) PERMIT NO(s): <input type="checkbox"/> FESA SECTION 10(A)(1)(A) (ENDANGERED AND THREATENED SPECIES RECOVERY PERMIT) – U.S. FISH and WILDLIFE SERVICE (USFWS) PERMIT NO(s): <input type="checkbox"/> FESA SECTION 7 BIOLOGICAL OPINION NO(s) or ID(s):			
1b. <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> STUDENT		PERMITHOLDER GO ID NUMBER (FROM ALDS)					
PERMITHOLDER FIRST NAME		LAST NAME					
MAILING ADDRESS							
CITY		STATE	ZIP CODE				
PREFERRED TELEPHONE		E-MAIL ADDRESS					

SECTION 3. <u>LIVE, DEAD OR SALVAGED WILDLIFE, AND/OR PARTS THEREOF INFORMATION</u> (ATTACH ADDITIONAL COPIES OF THIS SECTION IF NECESSARY). See page 3 of this form for additional instructions.					Sample Type	Preservation Type	No. of Samples
ID(s)	<u>Species (scientific name), or lowest level Taxon</u> taxon – Genus, species	Date(s) taken MM/DD/YEAR	COUNTY AND/OR MARINE AREA	LOCATION DESCRIPTION (e.g., watershed)			

SECTION 4. CUSTODY TRANSFER NO. 1	Split Batch	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, No. of Samples	ID(s)
	Split Sample	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, No. of Samples	

RELINQUISHED BY DONOR: ORIGINAL PERMITHOLDER (LISTED IN SECTION 1)				DATE	
FIRST NAME		LAST NAME		MM/DD/YEAR	ORIGINAL PERMITHOLDER SIGNATURE
					X
TRANSFERRED TO RECIPIENT:					
FIRST NAME		LAST NAME		MM/DD/YEAR	RECIPIENT SIGNATURE
					X
PERMANENT SC ID or GO ID NUMBER (if applicable)		AFFILIATION		TITLE /POSITION	E-MAIL ADDRESS

DISPOSITION OF DEAD WILDLIFE OR SAMPLES



SECTION 4. CUSTODY (continued, if applicable)

TRANSFER NO. 2	Split Batch	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, No. of Samples		ID(s)	
	Split Sample	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, No. of Samples		ID(s)	

RELINQUISHED BY DONOR: (RECIPIENT IN TRANSFER No. ____) **DATE**

FIRST NAME	LAST NAME	MM/DD/YEAR	DONOR SIGNATURE
			X

TRANSFERRED TO RECIPIENT:

FIRST NAME	LAST NAME	MM/DD/YEAR	RECIPIENT SIGNATURE	PREFERRED TELEPHONE
			X	

PERMANENT SC ID or GO ID NUMBER (if applicable)	AFFILIATION	TITLE /POSITION	E-MAIL ADDRESS

DISPOSITION OF DEAD WILDLIFE

SECTION 4. CUSTODY (continued, if applicable)

TRANSFER NO. 3	Split Batch	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, No. of Samples		ID(s)	
	Split Sample	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, No. of Samples		ID(s)	

RELINQUISHED BY DONOR: (RECIPIENT IN TRANSFER No. ____) **DATE**

FIRST NAME	LAST NAME	MM/DD/YEAR	DONOR SIGNATURE
			X

TRANSFERRED TO RECIPIENT:

FIRST NAME	LAST NAME	MM/DD/YEAR	RECIPIENT SIGNATURE	PREFERRED TELEPHONE
			X	

PERMANENT SC ID or GO ID NUMBER (if applicable)	AFFILIATION	TITLE /POSITION	E-MAIL ADDRESS

DISPOSITION OF DEAD WILDLIFE

SECTION 4. CUSTODY (continued, if applicable)

TRANSFER NO. 4	Split Batch	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, No. of Samples		ID(s)	
	Split Sample	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, No. of Samples		ID(s)	

RELINQUISHED BY DONOR: (RECIPIENT IN TRANSFER No. ____) **DATE**

FIRST NAME	LAST NAME	MM/DD/YEAR	DONOR SIGNATURE
			X

TRANSFERRED TO RECIPIENT:

FIRST NAME	LAST NAME	MM/DD/YEAR	RECIPIENT SIGNATURE	PREFERRED TELEPHONE
			X	

PERMANENT SC ID or GO ID NUMBER (if applicable)	AFFILIATION	TITLE /POSITION	E-MAIL ADDRESS

DISPOSITION OF DEAD WILDLIFE



Chain of Custody Form Instructions

Read Title 14, Section 650, California Code of Regulations (CCR), available at <https://www.wildlife.ca.gov/>. Pursuant to Title 14, CCR subsection 650(q)(1) - (3), and Standard Condition N, live wildlife may only be possessed, for purposes of Section 650, with a valid permit or written authorization issued by the ~~department~~ **Department**. Persons or entities receiving accidentally killed or legally acquired dead wildlife and/or parts thereof pursuant to Title 14, Section 650 may be named as recipients of those wildlife on the permit itself. However, even if the recipients are named or covered on the permit, this form DFW 1379c, in lieu of a permit, shall document and accompany the transfer of all dead wildlife at all times, including during transport and shipment. Subsequent transfers of such dead wildlife and/or parts thereof to another recipient shall also be documented and accompanied by form DFW 1379c.

Section 1 – Original Permitholder Information. For permitted take and/or possession of live or dead wildlife, salvaged animals, and/or parts thereof via SCP, indicate the Permitholder type: Entity (Section 1a), Individual or Student, Permitholder GO ID (issued by ALDS), and complete Section 1b. For permitted take and/or possession of wildlife via California Endangered Species Act Memorandum of Understanding or other state or federal permit, complete Section 1b.

Section 2 – Authority of Original Take. Indicate the State or Federal permits under which authority the take and/or possession (collection) of the salvaged animals, and/or parts thereof occurred. For categories that don't apply, indicate N/A.

Section 3 – Live, Dead or Salvaged Wildlife, and/or Parts Thereof Information. See below for specifics:

- * ID(s) - Include the ID or range of IDs of dead or salvaged wildlife, samples, and/or other parts thereof being relinquished or transferred (e.g., Animal1 - Animal20)
- * **Taxon-Species** - State the *Genus & species*, or lowest level taxon possible. **For benthic macroinvertebrate and infauna samples, include a descriptor of sample contents, or whether contents have, or have not, been identified for standard taxonomy.** For anadromous fish or salmonids, include the run, or Ecologically Significant Unit or Distinct Population Segment (if applicable).
- * Date and Location Information – Include the date(s) of original take, County and/or Marine Area, and location description (GPS coordinates, road intersections, or other details).
- * **Sample Type** - Use **Table 1** below to enter the corresponding number code for Sample Type of wildlife being transferred.
- * **Preservation Type** - Use **Table 2** below to enter the corresponding number code for Preservation Type of the dead or salvaged wildlife, samples, and/or other parts thereof.
- * **No. of Samples** - Enter the number of dead or salvaged wildlife, samples, and/or other parts thereof. Each batch should be of like content (i.e., including but not limited to, species, life stage, and location of capture).

Section 4 – Custody Transfer. For each transfer that occurs, the Original Permitholder or Recipient

- * **Split Batch** - If your batch (group) of samples will be split up and transferred to multiple locations, check Yes (if not, check No). If Yes is checked, indicate the No. of samples, and their ID(s).
- * **Split Sample** - If whole samples will be split into partial samples, check yes (if not, check No). If Yes, indicate the No. of samples, their ID(s), and describe how they will be split under *Disposition of Dead Wildlife* section for the transfer.
- * **Disposition of Dead Wildlife** - Include information on where dead wildlife or samples will be going, and the purpose of the transfer (e.g., Name of Lab for age analysis). If samples have been split, include a description here.

Reporting to Department: Reporting is only required when **live** animals are being transferred, or as otherwise specified in the original Permitholder's conditions. The donor as the Original Permitholder listed in Section 1 shall send this form electronically to the Department contact listed in the Permitholder's permit conditions. If the donor is not a Permitholder, e-mail this completed form to SCPermits@wildlife.ca.gov unless otherwise specified by the Department. Provide an attachment to this form when the following circumstances are met:

- o Attach a description if "other" is entered in any category (**Tables 1 & 2** below)
- o Attach a description if any unforeseen incidents occurred that may have affected samples
- o Attach measurement and weigh data if available, or data requirements
 - If sending parts to the Department's Central Valley Tissue Archive, attachment should include required data in **Table 3**.

1	Fin-clip
2	Maxillary-clip
3	Toe-clip
4	Ear-clip
5	Tail-clip
6	Tissue Punch
7	Blood
8	Scale Sample
9	Otoliths
10	Organ
11	Bone
12	Whole Animal
13	Parts- Tissue
14	Hair
15	Other

1	Air Dry
2	Ethanol
3	Formalin
4	Water
5	Ice/Frozen
6	Other

1	Sample ID No. (# on envelope/vial)
2	Collection Location (landmarks, GPS coordinates)
3	Collection Date (time if necessary for your study)
4	Collection Method
5	Sample Collectors (Organization, agency, regional office)
6	Sample Preservation Method (Air Dried, Ethanol)
7	Tissue Type Collected (Caudal fin, etc.)
8	Species Sampled
9	Run/Race (if applicable)
10	Life Stage
11	Adipose Fin Status (clipped/ non-clipped)
12	Sex
13	Fork Length (metric units)
14	Other data you want to stay with the samples (weight, condition, etc.)