DESERT TORTOISE MONITOR AND BIOLOGIST RESPONSIBILITIES AND QUALIFICATIONS

Below is a form that we suggest you complete which would provide necessary information that will allow us to review your qualifications to work with desert tortoise. Please submit this completed form to the requesting agency instead of your resume. The responsibilities and general skills required for *desert tortoise monitors* and *authorized biologists* are identified below.

DESERT TORTOISE MONITOR - Approved by the Fish and Wildlife Service or other agency as designated by the Fish and Wildlife Service to monitor project activities within desert tortoise habitat, ensure proper implementation of protective measures, and report incidents of non-compliance in accordance with biological opinions or permit. Monitors should have sufficient desert tortoise training and field experience to detect the presence of desert tortoises through observations of animals and sign including scat and burrows. A monitor is typically not authorized to handle desert tortoises, or determine presence/absence of desert tortoises or conduct clearance surveys.

AUTHORIZED BIOLOGIST - Approved by the Fish and Wildlife Service or other agency as designated by the Fish and Wildlife Service to conduct activities that may result in "take" of the desert tortoise including locating tortoises and their sign, recording and reporting tortoise and sign observations in accordance with approved protocol, and ensuring that the effects of the project on the desert tortoise and its habitat are minimized in accordance with a biological opinion or permit. "Take" has been defined as actions which "harass, harm, pursue, hunt, shoot, wound, kill, trap, capture, or collect, or to attempt to engage in any such conduct." An authorized biologist should have thorough knowledge of desert tortoise behavior, natural history, and ecology, and demonstrate substantial field experience and training to successfully:

- -handle desert tortoises
- -excavate burrows to locate desert tortoise or eggs
- -relocate desert tortoises
- -reconstruct desert tortoise burrows
- -unearth and relocate desert tortoise eggs
- -locate, identify, and record all forms of desert tortoise sign.

DESERT TORTOISE BIOLOGIST QUALIFICATIONS STATEMENT

2.	GCalifornia G	orization is reque		•			
		nion File No. (U	USFWS):	Biological Opinion, pro	Date:		
4.	Location:	/year):		<u></u> .			
5.	Education: Provide up to three						
	Institution	1.	2.	3.			
	Dates Attended						
	Major/minor						
	Degree						
6.	5. Specify activities anticipated that require authorization (<i>e.g.</i> , capture/release, weigh, measure, attach and remove telemetry devices and other hardware, withdraw blood, etc.). Complete pages 4-6 of this form i you seek approval to attach/remove/insert any devices or equipment to/into tortoises, or withdraw blood.						
7.	Dates: Species: State (specify)	or Federal Peri	mit and number:				

Revised 11-07-03 -2-

 Experience. Complete for each position held. Include tortoise experience. Distinguish between Mojave ar Include only <u>your</u> experience, not information for the tortoises were handled on a project and you handled 	nd Sonoran desert tortoise experience. e project you worked on (e.g., if 100				
	Project Name:Your Position:				
Dates (dd/mm/year): From:	То:				
Total field experience: For all projects and activities provide the following information. Provide experience involving attachment/removal/insertion of any devices or equipment to/into tortoises, or withdrawal of blood from desert tortoises on page 4 of this form.					
C No. of hours or 8-hr. days conducting desert tortoise-related activities. *No. of wild, free-ranging desert tortoises you encountered: <100 mm carapace length >100 mm carapace length *No. of wild, free-ranging desert tortoises you personally handled: C No. of transect miles/kilometers walked: Prior authorizations for desert tortoise under Biological Opinions (specify number, date, and project and location if known):					
*Do not include numbers of captive-held tortoises encountered or held.					
b. References that can verify your field qualifications and skills. Provide information on the right for up to 3.	Name: Employer/Position: Address/location: Phone no.: Email:				

8. Project or activity for which authorization and approval is requested:

Revised 11-07-03 -3-

	Name: Employer/Position: Address/location: Phone no.: Email:				
	Name: Employer/Position: Address/location: Phone no.: Email:				
I certify that the information submitted in this form is complete and accurate to the best of my knowledge and belief. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. 1001.					
Signed:	Date:				