

**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE
ONLINE MONTHLY M-44 REPORT**

Name of Certified Applicator																
Address							City				State			Zip		
Telephone Number							Report County(s)	1			2			3		
Applicator License Number							Report County(s)	4			5			6		
	FIELD 1			FIELD 2			FIELD 3			FIELD 4						
No. of Devices in Field (beginning of month)																
Device placed on Property of (Name of Landowner or Lessee)																
Is this State Land?																
Date Device Placed																
LEGAL LAND DESCRIPTION	T	R	S	T	R	S	T	R	S	T	R	S				
OTHER LAND DESCRIPTION																
No. of Devices Placed																
DATES DEVICES CHECKED:																
Week 1																
Week 2																
Week 3																
Week 4																
Week 5																
CYANIDE CAPSULES DISCHARGED:																
Capsule No.(s)																
Reason																
CAPSULE REMOVED & NOT DISCHARGED:																
Capsule No.(s)																
Reason																
No. of capsules replaced																
Total No. of capsules used this month																

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Telephone Number		Report County(s)	1	2	3		
Applicator License Number		Report County(s)	4	5	6		
	FIELD 1	FIELD 2	FIELD 3		FIELD 4		
NO. OF SPECIES RECOVERED:							
No. of Coyotes							
No. of Dogs							
No. of Raccoons							
No. of Red Fox							
No. of other species							
Name of species							
DEVICES REMOVED FROM THE FIELD:							
No. of devices removed							
Date device removed							
No. of devices in the field (end of month)							

If any accidents involving M-44's have occurred during this reporting period that resulted in injury to humans or domestic animals, check the box.

Individual(s) who has knowledge of the *exact location* of *all* of the above M-44 devices in the field:

Name:

Complete Address:

Telephone No.:

Name:

Complete Address:

Telephone No:

Name:

Complete Address:

Telephone No:

If you have M-44 devices in more than 4 fields, please complete additional forms for the remaining fields.

Signature of Certified Applicator: _____