

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

Name of Certified Applicator _____

Month/Year _____ / _____

Complete Address _____

County(s) _____

Certification License Number _____

Telephone _____

Number of Devices In Field (Beginning of Mo.)	Device Placed On Property of Landowner Or Lessee	State Land	Date Placed	LAND DESCRIPTION				Number of Devices Placed	Dates Devices Checked Once a Week	CYANIDE CAPSULES					NUMBER OF SPECIES RECOVERED					Devices Removed From Field		Number Devices In Field (End of Mo.)		
				LEGAL			Other			Discharge		Capsule Removed <u>Not</u> Discharged		Number Replaced This Month	Total Used	Coyotes	Dogs	Raccoons	Red Foxes	Other			No.	Date
				T	R	S				No.	Cause	No.	Reason							No.	Specify			

IF ANY ACCIDENTS INVOLVING M-44'S HAVE OCCURRED DURING THIS REPORTING PERIOD THAT RESULTED IN INJURY TO HUMANS OR DOMESTIC ANIMALS, CHECK BOX.

Individual who has knowledge of exact location of all of the above M-44 devices in field:
(If more than one, use an additional sheet – specify by using legal land description.)

Name _____ Telephone Number _____

Complete Address _____

Signature of Certified Applicator

(MAIL COMPLETED FORM TO THE DEPARTMENT OF AGRICULTURE, 523 E. CAPITOL AVE., PIERRE, SD 57501 BY THE FIFTH OF EACH MONTH FOR THE PRECEDING MONTH.)