

**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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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: _____