NWCO Activity Report Form*

N۱	WCO Name & Company:	License#: N	Reporting Year:	
	"I declare, under penalties of false statement, that the submitted information of my activities as a NWCC and belief."	is true, accurate and comp	plete to the best of my knowledge	
	NWCO Signature:	Date		

^{*}As required under CGS 26-47 (b) (6), NWCOs must submit an activity report annually by Dec. 31. Submission of a report is a condition for renewal.

Job #	Date	Town	Species	Nature of Problem*	Total # Controlled (Trapped, Handled, Evicted, etc.)	Control Method Used: (live trap, kill trap, exclusion/eviction, hand capture)	# Released On site	# Killed	How Killed (head shot, CO ₂ , kill trap, lethal injection, other	# Relocated	Location Relocated