

## **Instructions for filling out the Coastwide Nutria Control Program Participant Application Form**

The following information **must be provided** on the Coastwide Nutria Control Program Participant Application Form, Failure to do so may prevent the applicant from receiving a Nutria Control Program Registration Number and participating in the program.

**Each property submitted must be accompanied by a completed application form.**

- 1.) Personal Information:
  - a. SSN – Social Security Number
  - b. Trapping License Number – a valid Louisiana trapping license
  - c. Name, mailing address, driver’s license number, and phone number
  
- 2.) Sign and Date Application
  
- 3.) Previous participant questions.
  - a. If you participated last year, are you hunting/trapping the same property?
  
- 4.) Landowner / Land Manager Personal Information
  - a. Company name
  - b. Landowner / Land manager’s name, address, and phone number
  - c. Landowner / Land Manager’s Signature, **All Applications Must Have a Landowner / Land Manager’s Signature**
  
- 5.) Description of Area to be Trapped/ Hunted
  - a. Parish to be trapped or hunted
  - b. Total acres to be hunted on the above landowner / land manager’s property
  - c. Township, range, and section ( found on tax receipt or trapping lease)

### **Instructions for filling out the Designated Assistant Form**

- 1.) Complete to allow people other than the applicant to collect tails from the participant’s registered property
- 2.) Complete to allow people other than the applicant to bring tails to the collection center

**All completed application packets must be returned to:**

Louisiana Department of Wildlife and Fisheries  
Attn: Janet Wiebe  
2415 Darnall Rd  
New Iberia, La 70560

**COASTWIDE NUTRIA CONTROL PROGRAM  
PARTICIPANT APPLICATION FORM (2008-2009)**

SSN: \_\_\_\_\_ TRAPPING LICENSE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Did you participate in the program last year? YES NO

If yes, are you trapping/hunting the same property? YES NO

**I WISH TO TAKE NUTRIA ON PROPERTY OWNED OR MANAGED BY:**

COMPANY NAME: \_\_\_\_\_

REPRESENTATIVE NAME: \_\_\_\_\_ LANDOWNER or LAND MANAGER (Circle)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

To be completed by Landowner/Manager ONLY: \_\_\_\_\_

Signature of Landowner / Manager      DATE  
If Trapping Lease, Date of Expiration \_\_\_\_\_

**DESCRIPTION OF AREA TO BE TRAPPED / HUNTED**

WITH THIS APPLICATION YOU MUST SUBMIT: 1) COPY OF COMPLETE PROPERTY TAX RECEIPT OR 2) A LEGAL TRAPPING LEASE. EITHER OF THESE MUST CONTAIN TOWNSHIP, RANGE AND SECTION INFORMATION. YOU MUST ALSO INCLUDE A MAP OUTLINING THE PROPERTY TO BE TRAPPED / HUNTED. **THIS SECTION MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.**

PARISH: \_\_\_\_\_ TOTAL ACRES TO BE TRAPPED / HUNTED \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_ SECTIONS: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_ SECTIONS: \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

NUTRIA CONTROL PROGRAM REGISTRATION # ISSUED TO THIS APPLICANT \_\_\_\_\_



# COASTWIDE NUTRIA CONTROL PROGRAM

## DESIGNATED ASSISTANT FORM (2008-2009)

As a program requirement for the Coastwide Nutria Control Program, everyone who is harvesting nutria for the incentive payment must carry their registration card at all times when in possession of nutria tails. This could be anyone who is trapping/hunting for a registered participant or anyone who is turning tails in to a collection site for a participant. Anyone trapping/hunting for a registered participant must trap/hunt nutria from the participant's registered property only. Anyone that is listed on this DESIGNATED ASSISTANT FORM will receive a registration card listing the participant who the designated assistant works for.

**Participant's Name** \_\_\_\_\_

If a designated assistant will be **HARVESTING NUTRIA** and bringing tails to a collection site please use the spaces below:

**NOTE: Anyone hunting/trapping nutria must have a trapping license number**

Assistant's Name \_\_\_\_\_

Assistant's Trapping License# \_\_\_\_\_

Assistant's Name \_\_\_\_\_

Assistant's Trapping License# \_\_\_\_\_

Assistant's Name \_\_\_\_\_

Assistant's Trapping License# \_\_\_\_\_

Assistant's Name \_\_\_\_\_

Assistant's Trapping License# \_\_\_\_\_

Assistant's Name \_\_\_\_\_

Assistant's Trapping License# \_\_\_\_\_

If a designated assistant will **ONLY** be bringing tails to a collection site please use the spaces below:

**NOTE: If the assistant is going to be hunting/trapping they must have a trapping license number and use the above section**

Assistant's Name \_\_\_\_\_

Assistant's Driver's License # \_\_\_\_\_

Assistant's Name \_\_\_\_\_

Assistant's Driver's License # \_\_\_\_\_

Assistant's Name \_\_\_\_\_

Assistant's Driver's License # \_\_\_\_\_

Assistant's Name \_\_\_\_\_

Assistant's Driver's License # \_\_\_\_\_

Assistant's Name \_\_\_\_\_

Assistant's Driver's License # \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								

Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.**

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Exempt from backup withholding.** If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

## Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



**Title 76**  
**WILDLIFE AND FISHERIES**  
**Part V. Wild Quadrupeds and Wild Birds**

**Chapter 1. Wild Quadrupeds**

**§123. Coastwide Nutria Control Program**

The Department of Wildlife and Fisheries does hereby establish regulations governing participation in the coastwide nutria control program. The administrative responsibility for this program shall rest with the Department Secretary; the Assistant Secretary, Office of Wildlife; and the Fur and Refuge Division.

1. The coastwide nutria control program objective is to provide economic incentive, by payment of \$5 per nutria tail to participants, to encourage the harvest of up to 400,000 nutria annually from coastal Louisiana. For the purpose of this program, coastal Louisiana is bounded on the north by Interstate 10 from the Louisiana-Texas line to Baton Rouge, Interstate 12 from Baton Rouge to Slidell, and Interstate 10 to the Louisiana-Mississippi line.

2. Participant Application Process

a. Participants must acquire a valid Louisiana trapping license.

b. Participants must submit a completed nutria control program participant application to the department or its contractor.

c. To be considered complete, the application must contain the following information: name, address, telephone number, social security number, and trapping license number of applicant; tax receipt and a description of property to be trapped/hunted (acres, parish, township, range, section); name, address, and telephone number of landowner (private or public); signature of participant; and signature of landowner or designated representative indicating permission to hunt or trap nutria on the described property.

d. For applications determined to be complete and valid, the participant will be notified by mail that his/her registration is finalized and a nutria control program registration number will be issued.

e. The participant must indicate if an assistant will be delivering tails on his behalf to a collection center and the participant must provide the name of the assistant(s) on the application.

f. Applications submitted to the department or its contractor by October 1 shall be processed by the opening of trapping season. Applications submitted to the department or its contractor after October 1 shall be processed in the order received.

g. Applications listing only water bodies, without signature of an adjacent landowner or designated representative, shall be considered incomplete.

h. Applications determined to be incomplete or invalid will be returned to the applicant with an explanation as to why registration could not be finalized.

3. Harvest of Nutria

a. Participants must possess a valid trapping license and a nutria control program registration number.

b. Only nutria harvested during the open trapping season, from coastal Louisiana and taken from property permitted can be included in this program.

c. Nutria may be taken by any legal method except that if taken with a shotgun, steel shot must be used.

d. Participants are required to remove carcasses from the trapping/hunting area or if carcasses are not sold whole, they must be placed in such a manner as to prohibit feeding on the carcasses by birds, including southern bald eagles. Carcasses may be buried, placed in heavy overhead vegetation or concealed by any other means necessary to prevent consumption by birds.

4. Collection of Nutria Tails for Payment

a. Collection stations will be established across coastal Louisiana by the department or its contractor.

b. Evidence of nutria harvested shall be in the form of delivering severed nutria tails to a collection station during a designated period. Collections will begin on or about November 20<sup>th</sup>. Specific dates and times of collections will be established and advertised for each station.

c. Participant or a designated assistant must present the nutria control registration number and proper identification to the department contractor.

d. Participant or designated assistant shall present to the department contractor only fresh or well-preserved (iced, frozen, salted) nutria tails in a manner that allows counting of individual tails (e.g., tails cannot be frozen together in a block). Only whole tails, greater than 7 inches in length will be accepted.

e. Participant shall declare parish, section, township, and range in coastal Louisiana where animals were taken and indicate method of take and carcass use. Tails from animals taken from outside of the participants permitted property shall not qualify for payment in this program.

f. Participant shall sign the receipt/voucher provided by the department contractor to acknowledge number of tails presented and accuracy of information provided.

5. Violation of any part of these regulations is a class 2 violation and conviction may result in disqualification from the program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR28 (October 2002).

Thomas M. Gattle  
Chairman



BOBBY JINDAL  
GOVERNOR

*State of Louisiana*

ROBERT J. BARHAM  
SECRETARY

DEPARTMENT OF WILDLIFE AND FISHERIES  
OFFICE OF WILDLIFE

JIMMY L. ANTHONY  
ASSISTANT SECRETARY

**CERTIFICATION OF RECEIPT OF REGULATIONS  
COASTWIDE NUTRIA CONTROL PROGRAM  
2008-2009**

This signature of the registered participant will certify that the undersigned has received the entire set of regulations for the Coastwide Nutria Control Program from Coastal Environments Inc. All nutria tails in possession are to be delivered by the participant or assistant during the 2008-2009 trapping season for reimbursement have been or will be taken in compliance with the regulations of the Coastwide Nutria Control Program and harvested from property or properties described on the application completed and signed by the participant.

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Please return with the completed application to Louisiana Department of Wildlife and Fisheries.

LDWF  
ATTN: Janet Wiebe (CNCP)  
2415 Darnall Rd  
New Iberia, La 70592

This signed CERTIFICATION must be turned in before payments will be mailed to the registered participant.