



Vernal Pool Observer Credential/Project Contact Form: Addendum 1



This form must be completed and submitted to MDIFW (address below) at least once prior to submitting the Maine State Vernal Pool Assessment Form.

1. Vernal Pool Observer/Project Contact Information

a. Contact Information

Name: _____ Company: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

b. Observer Credentials (not required for non-observer project contacts)

Please check all that apply; clear photographs or digital images of a) the pool and b) the indicators are required by nonprofessional observers and encouraged by all observers.

- Professional Herpetologist (academic degree: _____)
- Professional Wetland Scientist (credentializing organization: _____)
- Professional Wildlife Biologist (academic degree: _____)
- Trained Citizen Scientist (Instructor Name: _____)
- Self-informed Naturalist
- Other: _____

Please list your professional education, training (and dates), and/or certification that qualifies you to conduct biological surveys of vernal pools:

2. Vernal Pool Observer Signature

I hereby certify that the information that I submit using the Maine State Vernal Pool Assessment Form will be true and complete to the best of my knowledge.

Signature: _____ Date: _____

Send this form to: MDIFW
Attn: Vernal Pools
650 State Street
Bangor ME 04401
Jason.Czapiga@maine.gov