

National Beaver Management Working Group

Novel Device Submission Form

Date:

Contact Info

Name:

Affiliation:

Region:

Email:

Phone (optional):

Submission for Review

Novel Device Name:

Novel Device Purpose:

Novel Device Description:

Maintenance Required:

Describe number of devices installed and total years of effectiveness:

Reasons for any Failure(s):

Discuss Success Rate:

Please attach photos, diagrams and any other supporting documents:

Optional information:

Installation Procedure:

Materials and Tools:

Glossary of terms and acronyms:

Have others used this successfully? Who?

Any additional information:

Can you attend a Zoom meeting review of this device (first Friday at 2 pm EST)?

Submit to: Avary@beaverinstitute.org

Thank you,

The National Beaver Management Working Group