

**CHESAPEAKE BAY BRIDGE-TUNNEL DISTRICT  
BIRDING PROGRAM APPLICATION**

- \* *THIS INFORMATION MUST BE PROVIDED TO THE CBBT AT LEAST 10 CALENDAR DAYS PRIOR TO DATE OF REQUESTED TOUR*
  
- \* *QUESTIONS REGARDING THE COMPLETION OF THIS APPLICATION SHOULD BE DIRECTED TO 757-331-8940/8942.*

**INDIVIDUAL BIRDERS OR GROUPS:**

*If applying for a Group Permit, the following information must be completed by the person leading the Group.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

SSN: \_\_\_\_\_

Driver's License  
Date (State, Type,  
Number, Exp. Date): \_\_\_\_\_

Requested Date &  
Time of Birding Tour: \_\_\_\_\_

Number of people in  
Birding Group: \_\_\_\_\_

I understand that new security measures at the Chesapeake Bay Bridge-Tunnel may require the searches of my person and my vehicle, or the vehicle in which I travel with others, as well as the contents of my vehicles or the vehicles of others. I hereby consent to such searches, which I understand are necessary for the preservation of security on these islands for all travelers.

**Signed:** \_\_\_\_\_

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

Check here if additional pages follow with identifying information for each individual in the birding group.

|                      |
|----------------------|
| FOR OFFICE USE ONLY: |
| CONFIRMATION # _____ |
| ISSUED BY: _____     |

*Each individual in this Group must provide the following information:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

SSN: \_\_\_\_\_

Driver's License \_\_\_\_\_

Date (State, Type,  
Number, Exp. Date): \_\_\_\_\_

Name of Birding Group  
Leader: \_\_\_\_\_

I understand that new security measures at the Chesapeake Bay Bridge-Tunnel may require the searches of my person and my vehicle, or the vehicle in which I travel with others, as well as the contents of my vehicles or the vehicles of others. I hereby consent to such searches, which I understand are necessary for the preservation of security on these islands for all travelers.

**Signed:** \_\_\_\_\_

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