

**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 FIRST TOUR.**
- \* SUBSEQUENT TOURS WILL REQUIRE 24-HOUR ADVANCE NOTICE TO CBBT – MONDAY THROUGH FRIDAY, 9 AM – 4 PM.**
- \* QUESTIONS REGARDING THE COMPLETION OF THIS APPLICATION SHOULD BE DIRECTED TO 757-331-8940/8942.**

**RESEARCHERS AND SCIENTISTS:**

In order to qualify as a researcher or scientist, appropriate documentation must be submitted to this office in advance and a determination will be made based on same.

If you meet the criteria, you will be informed of when to report to this office for your photo ID as stipulated in our guidelines.

*Each applicant must provide the following information in addition to the above requirements:*

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

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

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

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

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

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

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

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

<p><i>FOR OFFICE USE ONLY:</i> CONFIRMATION # _____ ISSUED BY: _____</p>
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***Each individual in this Group must provide the following information:***

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

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

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

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

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

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

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

Anticipated Length of  
Birding Tour: \_\_\_\_\_

Direction of Travel:     North to South     South to North

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

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

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