ARKANSAS DEPARTMENT OF AGRICULTURE

Conservation District Beaver Control
Program Act 430 of 1999
FY 2026 Quarterly Report

Quarter: (Circle) **1** **2** **3** **4**

To be completed by conservation district (PLEASE PRINT):

_____ _____
Date **Conservation District**

_____
Mailing Address **City, State, Zip**

_____ _____
Contact Person **Email**

_____
Phone

Total Beavers Eradicated_____x $10.00 = $ _____

Are Beaver Receipts included? Yes _____ No _____

District Certification

I certify that I have furnished the Arkansas Department of Agriculture with a copy of my conservation district's Beaver Control Plan. I further certify that the plan has been followed, and that beavers and no other animals (muskrat, nutria, etc.) are claimed.

_____
District Chairman Signature

Please send form by email to:

Mary Elizabeth Lea – Agriculture Program Coordinator
Email: mary.lea@arkansas.gov
(501)682-3953 Office | (501)529-2789 Work Cell