



20__

Record of Gypsy Moth Treatment

(In accordance with ATCP 21.10)

Wisconsin Department of Agriculture, Trade and
 Consumer Protection
 Agricultural Resource Management
 Plant Industry Bureau
 PO Box 8911
 Madison, WI 53708-8911
 Phone: 608-224-4572
 Fax: 608-224-4656

Return as soon as treatments are complete!

Nursery License Number: _____ Business Name: _____

Name and Title of Responsible Person (Designee): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

I do not intend to treat for Gypsy Moth as I will not be sending any nursery stock, or Christmas trees, found within 100 feet of Gypsy Moth lifestages out of the Gypsy Moth Quarantine. *(Please sign and return this Treatment Record Form)*

OR

TREATMENT FOR GYPSY MOTH APPLIED - COMMODITY: Nursery Stock Christmas Trees

Pesticide Applied: _____ Date(s) applied: _____

EPA Registration Number: _____

Method used (aerial spray, ground spray, etc.): _____

Name of Applicator: _____

Applicator License Number: _____

Field(s) treated:	Field name, Location, Rate applied:	# of Acres:
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____

Signature of Responsible Party	Title	Date
WDATCP Representative Signature	Title	Date