



2019 Record of Gypsy Moth Treatment

(In accordance with ATCP 21.10)

-This form must be returned regardless-

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
Email: elizabeth.meils@wi.gov

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. *(Sign and return this Treatment Record Form)*

OR

TREATMENT FOR GYPSY MOTH APPLIED. **COMMODITY:** **Nursery Stock** **Christmas Trees**
(sign and return this form after treatment has been applied)

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__	_____	_____

Signature of Responsible Party	Title	Date