











**Wisconsin Department of Agriculture, Trade and Consumer Protection**  
**Agricultural Resource Management Division**  
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**GYPSY MOTH EGG MASS  
 INSPECTION REPORT**

License #:

Business Name: Mailing Address:	Phone #:  <hr/> Nursery Use:  <hr/> Property No:  <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">Municipality:</td> <td style="width:40%; border: none;">Last Inspected:</td> </tr> </table>	Municipality:	Last Inspected:
Municipality:	Last Inspected:		

Field Name: Stock County: Field Address:   <hr/> GPS N:                      GPS W:                      T/R/S:  <hr/> <span style="float: right;">Acres:</span>	Directions:     <hr/> States Shipped To:
PHC:                      Ships Out of State:	

LOCATION	HOST/CULTIVAR	LIFESTAGES PRESENT

Map of find:

Regulatory Action/Comments:

<input type="checkbox"/> Gypsy Moth lifestage found. <input type="checkbox"/> No Gypsy Moth lifestage found.	Inspector: _____ Phone: _____  Signature: _____ Date: _____
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