



STATE OF WISCONSIN APPLICATION FOR PERMIT TO MOVE LIVE PLANT PESTS OR BIOLOGICAL CONTROL AGENTS

WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION
 DIVISION OF AGRICULTURAL RESOURCE MANAGEMENT
 PLANT INDUSTRY BUREAU

2811 AGRICULTURE DRIVE • P.O. BOX 8911 • MADISON, WI 53708-8911 • Phone: 1-800-462-2803

THIS SECTION TO BE COMPLETED BY THE APPLICANT

TYPE OF ORGANISM TO BE MOVED

NAME, TITLE, AND ADDRESS

Name:
Business/Organization/Agency:
Title:
Address:
City: **State:** **Zip Code:**

- Pathogen
- Insect
- Biological Control Agent
- Mollusk
- Other

TELEPHONE NUMBER ()

SCIENTIFIC NAMES OF PESTS TO BE MOVED	CLASSIFICATION (Order, Family, Race Race or Strain)	LIFE STAGE	NO. OF SPECIMENS OR UNITS	SHIPPED FROM (Country or State)	ARE PESTS ESTABLISHED IN WI?	MAJOR HOST(S) OF THE PEST
1.						
2.						
3.						
4.						
5.						

DESTINATION COUNTY or COUNTIES	APPROXIMATE NUMBER OF RELEASES AND SITES	ESTIMATED DATE OF ARRIVAL OR INTERSTATE MOVEMENT

SUPPLIER (include address)	NUMBER OF SHIPMENTS	METHOD OF SHIPMENT <input type="checkbox"/> Air Mail <input type="checkbox"/> Air Freight <input type="checkbox"/> Baggage <input type="checkbox"/> Auto

INTENDED USE (Please attach outline of intended research and any supporting materials)

<i>I agree to comply with any conditions printed on the reverse of this form.</i>	SIGNATURE OF APPLICANT	DATE

SECTION TO BE COMPLETED BY STATE OFFICIAL

RECOMMENDATION <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	INSPECTION <input type="checkbox"/> YES <input type="checkbox"/> NO	INSPECTOR NAME _____ INSPECTION DATE _____	CONDITIONS RECOMMENDED (See reverse side)
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SIGNATURE	TITLE	DATE

Permit not valid unless signed by an authorized official of the WDATCP PLANT INDUSTRY BUREAU Under authority of the Stats. s. 94.03 (1) and (2), Wis. Stats. permission is hereby granted to the applicant named above to move the pests described, except as deleted, subject to the conditions stated on, or attached to this application. Note: This WI permit does not take the place of PPQ Form 526 issued by the USDA APHIS, if required. Persons intending to obtain living plant pests from a county, state or province other than Wisconsin should apply for a PPQ Form 526 permit at least 90 days before the expected shipment.

STATE OF WISCONSIN PERMIT NUMBER





WHICH PERMIT DO I NEED?

ORIGIN OF PLANT PEST OR BICONTROL AGENT

FORM NEEDED

OUTSIDE OF UNITED STATES

PPQ FORM 526 & STATE OF WI APPLICATION FORM TO MOVE LIVE PLANT PESTS OR BIOCONTROL AGENTS

OUTSIDE OF WISCONSIN

PPQ FORM 526 & STATE OF WI APPLICATION FORM TO MOVE LIVE PLANT PESTS OR BIOCONTROL AGENTS

INSIDE OF WISCONSIN

STATE OF WI APPLICATION FORM TO MOVE LIVE PLANT PESTS OR BIOCONTROL AGENTS

PPQ FORM 526 AND OTHER PERMIT APPLICATIONS CAN BE FOUND AT THE USDA APHIS WEBSITE:

<http://www.aphis.usda.gov/ppq/permits>

STANDARD PRECAUTIONARY MEASURES OF STATE OF WISCONSIN APPLICATION FOR PERMIT TO MOVE LIVE PLANT PESTS OR BIOLOGICAL CONTROL AGENTS

1. All pests must be shipped in sturdy, escape-proof containers.
2. No propagative host plant parts are to be shipped with approved organisms unless the organisms normally live within the propagative plant part.
3. If pest is designated for laboratory use only, pests shall be kept only within the laboratory or designated area at the permittee's address.
4. No living pests kept under this permit shall be removed from confined area except by prior approval from WDATCP regulatory officials.
5. Without prior notice and during reasonable hours, authorized WDATCP regulatory officials shall be allowed to inspect the conditions under which the pests are kept or the location(s) at which the organisms are to be released.
6. All pests kept under this permit shall be destroyed at the completion of the intended use, and not later than the expiration date, unless an extension is granted by this issuing office.
7. All necessary precautions must be taken to prevent unintended escape of pests. In the event of an escape, notify WI Pest Survey & Control Hotline at 1-866-440-7523.
8. Permittees moving field collected organisms must take all precautions to prevent the spread or movement of any non-permitted organisms and/or diseased or parasitized individuals.

ADDITIONAL CONDITIONS RECOMMENDED