



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

PART II: DOCUMENTATION OF THE RELEASE OF BIOLOGICAL CONTROL AGENTS

PERMITTEE MUST COMPLETE THIS FORM AND SEND TO THE ADDRESS BELOW, EMAIL OR FAX TO (608) 224-4656 WITHIN 30 DAYS FOLLOWING THE RELEASE OF APPROVED BIOLOGICAL CONTROL AGENTS

NAME, TITLE, & ADDRESS OF APPLICANT

NAME:
TITLE:
AGENCY/BUSINESS/ORGANIZATION:
ADDRESS:
CITY: **STATE:** **ZIP CODE:**
PHONE:
EMAIL:

APPLICANTS MUST COMPLETE THIS FORM AND EMAIL OR SEND TO THE ADDRESS BELOW WITHIN 30 DAYS FOLLOWING THE RELEASE OF APPROVED BIOLOGICAL CONTROL AGENTS

 WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE & CONSUMER PROTECTION – ARM
 ATTN: CHRISTOPHER FOELKER, BIOCONTROL
 2811 AGRICULTURE DR
 PO BOX 8911
 MADISON, WI 53708-8911
Christopher.Foelker@wisconsin.gov
 (608) 224-4581

| SITE | COUNTY & NEAREST TOWN | TOWNSHIP | GPS COORDINATES OR TRS | BIOCONTROL AGENT | RELEASE DATE | NUMBER RELEASED | SOURCE OF BIOCONTROL AGENT OR ORIGINAL COLLECTION SITE | HOST |
|------|-----------------------|----------|------------------------|------------------|--------------|-----------------|--|------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |

PERMITTEE MUST COMPLETE THIS FORM AND EMAIL, SEND TO THE ABOVE ADDRESS OR FAX TO (608) 224-4656 WITHIN 30 DAYS FOLLOWING THE RELEASE OF APPROVED BIOLOGICAL CONTROL AGENTS
PLEASE ATTACH MAPS OF RELEASE SITES WHEN AVAILABLE