



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Plant Industry  
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<b>OFFICE USE ONLY</b>
Permit Number:

## 414 Permit Part 2: Documentation of the Release of Plant Pests or Biological Control Agents

Completion of this form is required to release approved pests or biological control agents. Personally identifiable information that you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04 (1)(m). Wis. Stat. § 94.03 (1) and (2), Wis. Admin. Code § ATCP 21.04.

### INSTRUCTIONS

1. Complete this form within 30 days following the release of approved pests or biological control agents.
2. Complete sections A and B. Items with an asterisk “ \* ” are required fields.
3. Submit the completed form by email to [stephanie.jentz@wisconsin.gov](mailto:stephanie.jentz@wisconsin.gov), fax to (608) 224-4871, or send via U.S. Mail to the address above with ATTN: Stephanie Jentz.
4. Please attach maps of release sites when available.

### SECTION A – APPLICANT INFORMATION

*APPLICANT NAME:		BUSINESS/ORGANIZATION/AGENCY NAME (If applicable):	EMAIL:	
*PHONE: (     ) -	*ADDRESS:	*CITY:	*STATE:	*ZIP CODE:

### SECTION B – RELEASE SITE INFORMATION

Site	*County and Nearest Town	GPS Coordinates	*Pest/Biocontrol Agent	*Release Date	*Number Released	Source of Pest/Biological Control Agent or Original Collection Site	*Host
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Site	*County and Nearest Town	GPS Coordinates	*Pest/Biocontrol Agent	*Release Date	*Number Released	Source of Pest/Biological Control Agent or Original Collection Site	*Host
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