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| **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** |
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| **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**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 – ARMATTN: Stephanie Jentz, Biocontrol2811 Agriculture DrivePO Box 8911Madison, WI 53708-8911stephanie.jentz@wisconsin.gov(608) 347-1082**NAME: TITLE:****AGENCY/BUSINESS/ORGANIZATION:****ADDRESS:CITY: STATE: ZIP CODE:** **PHONE: EMAIL:**  |
| **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.** |  |  |  |  |  |  |  |  |

**ARM-PI-414 (06/2016)**

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**