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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 – ARM  ATTN: Stephanie Jentz, Biocontrol  2811 Agriculture Drive  PO Box 8911  Madison, WI 53708-8911  [stephanie.jentz@wisconsin.gov](mailto:stephanie.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.** |  |  |  |  |  |  |  |  |
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**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**