|  |
| --- |
| ARM-PI-414**WI PERMIT NO.****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 MANAGEMENTPLANT INDUSTRY BUREAU2811 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:**      **TELEPHONE NUMBER (** **)**  | [ ]  **Pathogen**[ ]  **Insect**[ ]  **Biological Control Agent**[ ]  **Mollusk**[ ]  **Other** |
| **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**[ ]  Air Mail [ ]  Air Freight [ ]  Baggage [ ]  Auto |
| **INTENDED USE *(Please attach outline of intended research and any supporting materials)***      |
| **SIGNATURE OF APPLICANT** *I agree to comply with any conditions* *printed on the reverse of this form.*  | **DATE** |
| **SECTION TO BE COMPLETED BY STATE OFFICIAL**  |
| **RECOMMENDATION INSPECTION** □ APPROVE □ YES □ DISAPPROVE □ NO **INSPECTOR NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_INSPECTION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    | **CONDITIONS RECOMMENDED*****(See reverse side)*** |
| **SIGNATURE** | **TITLE****STATE OF WISCONSIN PERMIT NUMBER** | **DATE** |
| Permit not valid unless signed by an authorized official of the WDATCP PLANT INDUSTRY BUREAUUnder 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 From 526 permit at least 90 days before the expected shipment.  |  |

**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 BUEAU

2811 AGRICULTURE DRIVE ⚫ P.O. BOX 8911 ⚫ MADISON, WI 53708-8911

**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**

****