

Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Purple Loosestrife (*Lythrum salicaria*) Cultivation and Biocontrol Insect Release Authorization Application

Form 3200-116 (R 06/20)

Notice: Pursuant to NR 40.06(1), Wis. Adm. Code, this application is required by the Wisconsin Department of Natural Resources (WDNR) or Wisconsin Department of Agriculture, Trade, and Consumer Protection (WDATCP) to legally transport, possess, transfer, or introduce purple loosestrife to wherever needed in the state for the purpose of conducting effective biocontrol. Furthermore, pursuant to s. 23.22(9), Wis. Stats, any person violating this regulation may be issued a citation, be referred to the Dept. of Justice for enforcement, and/or have any permit issued under this chapter revoked. Pursuant to ATCP 21.04, Wis. Adm. Code, WDATCP oversees importation of foreign insects into, and movement within, the state. The permit received as a result of this application may also authorize an individual to import and disperse certain biocontrol insect species under WDNR permit from WDATCP as long as WDNR-authorized sources are used. All information requested on this application must be furnished to obtain these authorizations. Personal information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin's Public Records Law (ss.19.31-19.39, Wis. Stats.).

Instructions: Fill out all sections completely. Mail your signed and completed form to Purple Loosestrife Biocontrol Coordinator, WDNR PO Box 7921, WY/4, Madison, WI 53703. OR email it to DNRAISinfo@wisconsin.gov. Address questions about the program to the Coordinator at 608-266-0061.

Signing this application indicates that you understand that as a Purple Loosestrife Biocontrol Cooperator you will receive an NR40 permit letter with the following key conditions noted:

- 1) The annual permit only applies to the restricted species Purple loosestrife (*Lythrum salicaria*) and the non-native biocontrol agents allowed by WDNR and DATCP, *Galerucella pusilla* and/or *G. californiensis*. The beetles acquired for rearing or release must come from WDNR or other WI approved suppliers, including the AIS Partnership staff and volunteers, from WI sites with landowner permission. Beetles may be collected by cooperators. Beetles are no longer imported from out of state.
- 2) Purple loosestrife root stock and beetles must only be collected or released on land where permission has been granted, including on public lands.
- 3) Boots, clothing, brushes and any equipment used must be thoroughly brushed and rinsed to remove any seed or small animals when leaving wetlands. Prior to entering another site, you must disinfect equipment (shovels, boots, etc.) by leaving completely dry for 5 days. See the DNR disinfection website for background (<https://dnr.wi.gov/topic/Invasives/disinfection.html>).
- 4) Purple loosestrife will only be moved from the digging site to the rearing site and then to a release site where an infestation exists, which may be the digging site. From the point of potting to release, the plants and soil must be fully contained in netting to reduce the risk of seed spread and to contain/protect the beetles.
- 5) Plants and soil may be moved for educational purposes during rearing but must be fully contained.
- 6) Pinch off all developing flowers before seeds set. Flowers and unused plants can be bagged, labeled "Invasive species approved for landfill by WDNR" and placed in the trash.
- 7) If plants are dug in fall for spring rearing, all flowers must be completely removed and bagged at the digging site before transport.
- 8) When plants are placed in site accessible to the public, they should be labeled "The species in this container is purple loosestrife, a Chapter NR 40 restricted species. Purple Loosestrife Biocontrol Project approved by the Wisconsin Department of Natural Resources. To learn more, contact DNRAISinfo@wisconsin.gov or 608-266-0061."
- 9) When beetles, with or without the rearing plant, are released, you must complete the Purple Loosestrife Insect Release Field Report (3200-117) and enter the data into the Surface Water Integrated Monitoring System (SWIMS) OR send it to the local or statewide Purple Loosestrife Biocontrol Coordinator before the end of the calendar year. The form is available at <https://dnr.wi.gov/topic/Invasives/loosestrife.html> or by emailing DNRAISinfo@wisconsin.gov.

Applicant Information

Last Name	First	MI	My Organization	Partner Organization (if any)	
Address			City	State	ZIP Code
Home Phone # (incl. area code)	Work Phone # (incl. area code)	Email			

Beetle Rearing / Acquisition Information

Check all that apply:

- I wish to raise _____ plants for beetles in spring _____ (year).
- I would like _____ beetles from WDNR for propagation (number; 100 is typical; 10 beetles/plant)
- OR** I will collect my own beetles at a local site or obtain them from my local Purple Loosestrife Biocontrol Coordinator.
- Send free netting for _____ cages (1 cage/10 beetles) Let me know if other free equipment is available.
- Let me know if there is a local Purple Loosestrife Biocontrol Coordinator to work with.

Use this section for listing additional information you need

Purple Loosestrife (*Lythrum salicaria*) Cultivation and Biocontrol Insect Release Authorization Application

Form 3200-116 (R 06/20)

Source of Your Purple Loosestrife (PL) Plants

Purple loosestrife root stock and beetles should only be collected where landowner permission has been granted, including on public lands. If you know where you will collect root stock, complete the section below. If you do not know where you will dig your root stock, yet, please send the location information and a photo of purple loosestrife on site once you find it. If you are working with a coordinator who will find the root stock for you, they will provide the information.

The purple loosestrife root digging location will be shared with your regional WDNR AIS Coordinator and entered into the SWIMS data base if it has not been reported and verified previously. A picture of the plants at the digging site will help complete the WDNR verification process and can be emailed or mailed with this application. Pictures can also be provided later to the same address, if they aren't available at the time of application. Photos can be of plants in any season.

County	Site name (if none, your suggestion)	Habitat: Wetland, Ditch, Lake shore, River shore, etc.
--------	--------------------------------------	--------------------------------------------------------

Location Description (ex. NE corner of CTH K and Town Line Road or Next to Golden Pond boat launch)

Latitude (decimal degrees)	Longitude (decimal degrees)	Station ID, if known
----------------------------	-----------------------------	----------------------

Landowner Name (and phone number if known)

Acreage of Purple Loosestrife (check one)

- less than 1/2 acre 1/2-1 acre 1-10 acres more than 10 acres

Purple Loosestrife Coverage (circle one)

- 0-25% 26-50% 51-75% 76-100%

If you have additional digging sites, please provide the information above on an additional sheet.

Plant and beetle rearing site

If the beetles are to be raised at an address/site that is different from the Applicant's mailing address, please provide the address.

This location uses a mass rearing cage(s) Number of mass rearing cages _____

Last Name	First	MI	Organization (if any)
-----------	-------	----	-----------------------

Address	City	State	ZIP Code
---------	------	-------	----------

Home Phone # (incl. area code)	Work Phone # (incl. area code)	Email
--------------------------------	--------------------------------	-------

Applicant Signature-unsigned applications will be returned for signature

Mail your signed and completed form to Purple Loosestrife Biocontrol Coordinator, WDNR PO Box 7921, WY/4, Madison, WI 53703. OR email it to DNRAISinfo@wisconsin.gov. Address questions about the program to the Coordinator at 608-266-0061.

NOTE: If submitting this request electronically, please type your name on the signature line. Your typed name, along with the email message generated from electronic submittal of this form, will be used as an electronic signature which is the legal equivalent to an actual signature.

_____ Date _____
Applicant Signature (Printed Name)



As a biocontrol cooperater, you will join hundreds of other volunteers using a safe, effective and long-term strategy to control this aggressive, non-native plant. Your participation is crucial and greatly appreciated!