

Plant Protection Division, Ph: 888-545-6684, Fax: 651-201-6108

Spongy Moth Limited Permit Application

Minnesota Statute 18G

Section 1 - Renewal or New Application

Renewal New Application

Section 2 - Renewal or New Application

Legal Business Name				Mailing Address <i>(if different than physical address)</i>	
"Doing Business As" Name or Trade Name					
Physical Address					
City	State	Zip	County		
Email Address				Phone Number	
Preferred Method of Contact <i>(check one)</i> : E-mail Mail				Contact Person	
Business Type <i>(check one)</i> :		Individual/Sole Proprietor	Co-operative	Legal Partnership	LLC
Corporation State of Incorporation <i>(if corporation)</i> :				Other <i>(describe)</i> :	

Section 3 - Expected Wood Sources *Please indicate all expected wood sources, check all that apply.*

 Cook County, MN Lake County, MN Outside of MN *(list state or country of sources outside of MN)*:

** Note: This permit does not meet federal Gypsy Moth quarantine requirements. Contact USDA APHIS PPQ at 612-919-9029.*

By signing below, I certify that all information I have provided is true and accurate, and I agree to notify the Minnesota Department of Agriculture if my declaration above changes or is no longer accurate. I have participated in the Gypsy Moth Compliance Training and received identification reference materials. I understand the gypsy moth quarantine as well as my responsibilities to inspect logs, nursery stock, firewood, mobile homes and/or other outdoor activities.

Signature of Applicant or Authorized Representative	Title	Date
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If at any time the information provided on this form is no longer accurate, the permitted party must notify MDA. MDA also retains the right to withdraw the permit if the applicant materially misrepresents any information on the application, or fails to honor any of the commitments made on the application. The permit does not warranty, by the MDA, that the regulated article is free of pests.