



2016 Record of Gypsy Moth Treatment

(In accordance with ATCP 21.10)

-Return as soon as treatments are complete-

Nursery License Number: _____ Business Name: _____

Name and Title of Responsible Person (Designee): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

I do not intend to treat for Gypsy Moth as I will not be sending any nursery stock, or Christmas trees, found within 100 feet of Gypsy Moth lifestages out of the Gypsy Moth Quarantine. *(Please sign and return this Treatment Record Form)*

OR

TREATMENT FOR GYPSY MOTH APPLIED. COMMODITY: Nursery Stock Christmas Trees

Pesticide Applied: _____ Date(s) applied: _____

EPA Registration Number: _____

Method used (aerial spray, ground spray, etc.): _____

Name of Applicator: _____

Applicator License Number: _____

Field(s) treated:	Field name, Location, Rate applied:	# of Acres:
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____
T__ R__ S__	_____	_____

Signature of Responsible Party	Title	Date
WDATCP Representative Signature	Title	Date