



**APPLICATION FOR PERMIT TO
MOVE OR RELEASE LIVE PLANT
PESTS AND PATHOGENS, WEEDS, &
BENEFICIAL ORGANISMS**
State Form 51859 (8-04)

Indiana Department of Natural Resources
Division of Entomology & Plant Pathology
402 West Washington Street, Room W-290
Indianapolis, Indiana 46204-2739
Telephone: (317) 232-4120
Fax Number: (317) 232-2649

SECTION A – TO BE COMPLETED BY THE APPLICANT

1. NAME & ADDRESS (INCLUDE ZIP CODE)

2. TELEPHONE NO. () _____

3. FACSIMILE NO. () _____

4. E-MAIL: _____

**5A. TYPE OF BENEFICIAL ORGANISM/PEST TO BE
MOVED/RELEASED ***

*This Permit does not authorize the introduction, importation, interstate, intrastate movement, or release into the environment of any genetically modified organisms or products.**

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> BACTERIA | <input type="checkbox"/> NEMATODE |
| <input type="checkbox"/> EARTHWORM | <input type="checkbox"/> WEED |
| <input type="checkbox"/> FUNGI | <input type="checkbox"/> PROTOZOA |
| <input type="checkbox"/> INSECT | <input type="checkbox"/> VIRUS |
| <input type="checkbox"/> MITE | <input type="checkbox"/> OTHER: _____ |

**ARE ANY ORGANISMS ON THIS APPLICATION GENETICALLY
MODIFIED? NO YES (PLEASE COMPLETE REVERSE)

5B. SCIENTIFIC NAME	5C. CLASSIFICATION	5D. LIFE STAGE	5E. NO. OF SPECIMENS	5F. SHIPPED FROM	5G. ESTABLISHED		5H. HOST(S)
					US?	IN?	

6 WHAT HOST MATERIAL OR SUBSTITUTES WILL ACCOMPANY EACH BENEFICIAL ORGANISM/PEST

7. DESTINATION	8. PORT OF ARRIVAL	9. DATE OF ARRIVAL
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10. NO. OF SHIPMENTS	11. SUPPLIER	12. METHOD OF SHIPMENT
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13. INTENDED USE (BE SPECIFIC, ATTACH OUTLINE OF INTENDED RESEARCH)

14. METHODS TO BE USED TO PREVENT ESCAPE	15. METHOD OF FINAL DISPOSITION
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- 16. PLEASE ANSWER EACH OF THE FOLLOWING**
- THE ABOVE ORGANISMS ARE REGULATED IN OTHER STATES OR COUNTRIES? NO YES, WHERE? _____
 - THESE ORGANISMS ARE/WERE COVERED UNDER A FEDERAL PPQ FORM 526? NO YES, #? _____
 - DOCUMENTATION WAS PREVIOUSLY SUBMITTED TO OTHER AGENCIES OR BIOSAFETY COMMITTEES FOR REVIEW?
 NO YES, ELABORATE _____
 - ADDITIONAL DOCUMENTATION ACCOMPANIES THIS APPLICATION? NO YES, # OF PAGES? _____

17. I/We agree to supply any additional information, which may be requested in considering this application, and to comply with the safeguards printed on the reverse of this form. I/We understand that a permit may be subject to other conditions specified in Section B. Application subject to the conditions of 312 IAC 18-3-15.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SECTION B – TO BE COMPLETED BY STATE OFFICIAL

IS FURTHER REVIEW / INFORMATION REQUIRED? <input type="checkbox"/> NO <input type="checkbox"/> YES _____	COMMENTS: _____ _____
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SIGNATURE OF IDNR: ENTOMOLOGY & PLANT PATHOLOGY DIRECTOR	DATE	VALID UNTIL	PERMIT NUMBER
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SECTION C – TO BE COMPLETED BY THE APPLICANT

1. IS THIS ORGANISM, AT THE SPECIES LEVEL, ESTABLISHED IN THE UNITED STATES?

YES NO IF YES, WHERE? _____

2. HAS THE APPLICANT RECEIVED AN APPROVED USDA PERMIT DERIVED FROM THE SUBMITTAL OF APHIS FORM 2000?

YES NO (IF YES, PLEASE PROVIDE A COPY)

3. DESCRIBE ANY ECOLOGICAL ATTRIBUTES WHICH ARE DIFFERENT FROM THE NON-MODIFIED ORGANISM

4. DOES THE ORGANISM INTER-BREED WITH SPECIES ESTABLISHED IN INDIANA?

YES NO IF YES, WITH? _____

INDIANA CODE: TITLE 14, ARTICLE 24, CHAPTER 3 – RULES

- The commission shall adopt rules under IC 4-22-2 to implement this article. (IC 14-24-3-1)
- The commission shall provide standards for operation and maintenance within an infested area declared under IC 14-24-4. (IC 14-24-3-2)
- The commission shall establish standards for the control of pests and pathogens. (IC 14-24-3-3)
- The commission shall regulate nurseries, nurserymen, and dealers. (IC 14-24-3-4)
- The commission may establish special service fees under IC 14-24-10-2. (IC 14-24-3-5)
- The commission may declare species or subspecies to be pests or pathogens. This identification must include any species or subspecies of bee that may endanger the bee and honey industry. (IC 14-24-3-6)
- The commission shall develop quarantine regulations needed to carry out this article. (IC 14-24-3-7)
- The commission shall establish measures for the protection of the bee and honey industry in Indiana. (IC 14-24-3-8)
- The commission shall establish standards for determining expenses and attorney's fees under IC 14-24-11-5. (IC 14-24-3-9)

STANDARD SAFEGUARDS OF PERMIT

1. All pests must be shipped in sturdy, escape-proof containers.
2. Upon receipt of pests, all packing material media, substrate, soil, and shipping containers shall be sterilized or destroyed immediately after removing pests.
3. 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 State regulatory officials.
5. Without prior notice and during reasonable hours, authorized State regulatory officials shall be allowed to inspect the conditions under which the pests are kept.
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 the issuing office.
7. All necessary precautions must be taken to prevent escape of pests. In the event of an escape, notify this office.

If you have any questions, need additional assistance in the completion of this application, or require information regarding the specific Rules listed, including a list of those organisms that are exempted from this Permit, please contact:

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