



# APPLICATION TO OBTAIN OR POSSESS LYTHRUM SPECIES

State Form 54457 (12-10)

## INDIANA DEPARTMENT OF NATURAL RESOURCES DIVISION OF ENTOMOLOGY & PLANT PATHOLOGY

402 West Washington Street, Room W290

Indianapolis, IN 46204-2649

Telephone number: (317) 232-4120

Fax number: (317) 232-2649

- INSTRUCTIONS:**
1. Return this completed form with an original signature to the address above.
  2. A license will be forwarded to the address where the material will be maintained.
  3. There is no fee for this licensing activity.
  4. The license resulting from this application expires December 31, unless revoked for cause.
  5. This application is also available at the IDNR website: <http://www.in.gov/dnr/entomolo/files/lythapp.pdf>.

**NOTE:** It is illegal for any person, (including nurseries) to sell *Lythrum* in the State of Indiana.

For purpose of Biological Control, Research of Biological Control Organisms, or Education on the same under 312 IAC 18-3-13.

### APPLICANT INFORMATION

|                                                                                       |                              |
|---------------------------------------------------------------------------------------|------------------------------|
| Name of applicant                                                                     | Telephone number<br>(      ) |
| Mailing address (number and street, city, state and ZIP code)                         |                              |
| Location plants are to be maintained (Please give directions from nearest main roads) |                              |

### PROGRAM INFORMATION

|                                                                                         |                              |
|-----------------------------------------------------------------------------------------|------------------------------|
| Name of program director / coordinator                                                  | Telephone number<br>(      ) |
| Name of program                                                                         |                              |
| Purpose of program                                                                      |                              |
| Are you a Program Coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| What is the source of your <i>Lythrum</i> material?                                     |                              |
| Name of firm                                                                            |                              |
| Address (number and street, city, state and ZIP code)                                   |                              |

The Division reserves the right to inspect, during normal business hours, the premises where *Lythrum* is obtained or possessed under this license.

It is not authorized under this license for the licensee to sell, give away, or otherwise distribute *Lythrum* to any other person. A licensee, who is identified as a program coordinator and who is providing plant material to cooperators for the specific purposes authorized, may distribute material to a licensed cooperator.

Any distribution of biological control organisms of *Lythrum* is the direct responsibility of the applicant. Any purposeful distribution of beetles on property not owned by the licensee must have the written authorization of the landowner.

This license does not allow the licensee to unlawfully enter the property of another for any purpose.

*Lythrum* that is no longer useful to sustain biological control organisms must be rehabilitated without flowering, or disposed by incineration, or by distributing to a site already heavily infested with purple loosestrife (*Lythrum salicaria*), or by chopping the plant, severing it from its roots and placing in approved trash receptacles.

I understand that I am directly responsible for compliance with the requirements of this license to obtain and possess *Lythrum*, for which I am making application.

|           |                                      |
|-----------|--------------------------------------|
| Signature | Date of signature (month, day, year) |
|-----------|--------------------------------------|