

Montana Biocontrol Agent Release Site Worksheet

Origin of Agents (State and Supplier)	Permit:
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Shipment Container Number:	Number of Agents Received:
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Condition of Agents Recieved:	Number of Dead Agents:
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Date Agents Were Received:	Agent Delivery Method:
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Target Weed:	Infested Acreage:	Agent Released:
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Land Owner:	Address:	Phone:
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Lat/Long:	County:	State:
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Type of land (private/state/federal/tribal)

New Insectary Release? Yes ___ No ___	Insectary Augmentation Release? Yes ___ No ___
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Site Name:

Map of Field Release Site (Please include at least two labeled roads):

Notes:

Agents released by:	Affiliation:	Release Date:
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Phone:	Email:
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Please send a completed copy of this worksheet to: