

**APPLICATION for an INVASIVE AQUATIC PLANT MANAGEMENT PERMIT  
(PLEASE PRINT OR TYPE)**



<b>I. APPLICANT INFORMATION</b>		
<b>Name (First, M., Last):</b>		<b>Day Time Telephone or Cell Number:</b>
<b>Organization:</b>		
<b>Permanent Mailing Address:</b>		<b>Email Address:</b>
<b>II. LAKE INFORMATION</b>		
<b>Lake Name (and bay if applicable):</b>		<b>County:</b>
<b>Do you plan to apply for the control grant to support management in this application?</b> Yes                  No		
<b>III. INFORMATION ON PROPOSED CONTROL</b>		
1. Type of Invasive Aquatic Plant Eurasian watermilfoil        Flowering rush        Other: _____ Curly-leaf pondweed        Purple loosestrife        (Name of plant)		
2. Type of Control Proposed (check all that apply) Mechanical Tools/Harvester        Herbicide		
3. What herbicide(s) or mechanical device - do you propose to use?		
4. Who will be doing the control?    The Applicant        A Commercial Applicator or Mechanical Control Company		
5. If a commercial applicator or harvester will do the control, please provide the company's name and email address: _____		
<b>IV. JUSTIFICATION[S] FOR THE PROPOSED TREATMENT</b>		
a. Enhance recreational use, b. Control invasive aquatic plants, c. Increase or protect native aquatic plants, d. Prevent spread, e. Further research or evaluation of invasive aquatic plant control, f. Other: _____		

*This application is two-sided. Please complete both sides.*

APPLICATION for an INVASIVE AQUATIC PLANT MANAGEMENT PERMIT (continued)



Lake Name: \_\_\_\_\_

County: \_\_\_\_\_

**V. PROPOSED TREATMENT AREA(S) (PLEASE CHOOSE ONE OPTION)**

I propose to conduct control of invasive aquatic plants in \_\_\_\_\_ acre(s).

**OPTION 1: THIS TREATMENT AREAS HAS BEEN PREVIOUSLY PERMITTED**

If you previously received an Invasive Aquatic Plant Management Permit(s) to allow control of an invasive aquatic plant **and** if you propose to treat the areas allowed under a previous permit, please provide that permit number:\_\_\_\_\_.

*Note:* Proposed treatment areas that were permitted for such treatment in *any* previous year and do not exceed the 15% limit, may be issued a permit for the current year *without field inspection*.

**OR**

**OPTION 2: THIS IS A NEW OR REVISED PERMIT OR PERMIT AREA**

If you propose to treat new areas that were NOT permitted for such treatment in a previous year. Please provide Geographic Digital Data showing the location[s] and dimensions of the proposed treatment area[s]. This includes all necessary electronic files that can be used by the DNR to re-create all polygons, waypoints, track logs, etc.

*Note:* If necessary, attach an additional sheet[s] to sketch a map of treatment areas. Please include a 'North' arrow and location(s) of areas where control is proposed. You may also attach additional information as needed.

**VI. FEE INFORMATION:** There is no fee required for Invasive Aquatic Plant Management permits.

<b>VII. ENCLOSURES</b>	Geographic Digital Data	Sketch/Map	Form with multiple signature[s]
	Request for a waiver of the requirement for signatures	Other :	

I hereby apply for a permit to destroy aquatic vegetation or aquatic nuisance as described above. I understand that the management of invasive aquatic plants is subject to rules of the Commissioner of Natural Resources. *By signing this application, I attest that I own, lease or control land at the address listed above. The information submitted and the statements made concerning this application are true and correct to the best of my knowledge.*

**VIII. SIGNATURES**

1. Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_
2. Form with multiple dated signatures of approval by landowners whose shorelines may be treated
3. Request for a signature waiver