Designated Employees:

Permit No. QC 1584 (Spotted Lanternfly)

Nursery Name: _____ Telephone Number: _____

Physical Address: _____ Email: _____

Employee Name:	**Email Address:**	**Telephone:**	**Date Training:**	**Materials Used:**

Employees Trained for SLF Detection:

Permit No. QC 1584 (Spotted Lanternfly)

Nursery Name: _____ Telephone Number: _____

Physical Address: _____ Email: _____

Employee Name:	**Designated Trainer:**	**Date Training:**	**Materials Used:**

Nursery Stock Shipped To California:

Permit No. QC 1584 (Spotted Lanternfly)

Nursery Name: _____ Telephone Number: _____

Physical Address: _____ Email: _____

Plant (Genus & Species):	**Variety:**	**Size & Number:**	**Ship Date:**	**Customer:**

Spotted Lanternfly Inspections and Results:

Permit No. QC 1584 (Spotted Lanternfly)

Nursery Name: _____ Telephone Number: _____

Physical Address: _____ Email: _____

Inspection Date	SLF Found:		Egg Masses:	Nymphs:	Adults:	Action(s) Taken:
	Yes:	No:				