



Appendix 3: Application for the spotted lanternfly (*Lycorma delicatula*) program

Submit the completed application form along with a copy of the preventive control plan to your [local CFIA office](#).

Applicant information

Facility name:

Primary contact (individual responsible for the preventive control plan):

Address:

Telephone:

Email address:

Description of regulated articles

Planned movement activities

Check all that apply:

- ☐ Domestic movement outside of a regulated area
- ☐ Import of logs with bark of deciduous species from the U.S., under CFIA permit
- ☐ Other: _____

The applicant agrees to adhere to all conditions outlined in the Preventive Control Plan developed for the facility to meet the requirements of the spotted lanternfly program.

Applicant's signature of acceptance

Date

CFIA inspector/officer signature of approval

Date