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Permit Application to Move Regulated Firewood

Please complete this form in accordance with Regulations of Connecticut State Agencies (RCSA), section 22-84-5g to request a permit to transport firewood into the State of Connecticut. Firewood articles are defined in RCSA, section 22-84-5d (6) (e.g., firewood means any kindling, logs, timber or other portions of a tree of any hardwood species or length, cut or split, or not cut or split but intended to be cut or split in a form and size appropriate for use as fuel for fires in open pits, grills, fireplaces, stoves, or other wood burning furnaces or devices. "Firewood" does not include kiln dried dimensional lumber or wood that has been chipped to a maximum piece size that is greater than one inch in two dimensions. Transport of firewood into Connecticut shall require, in summary, either (1) a permit from The CAES, (2) a treatment certificate or label from the USDA, (3) other documentation from the USDA or plant pest state agency of treatment of said firewood, or (4) a treatment certificate or label from the Canadian Food Inspection Agency or authorized facility. Movement of regulated firewood within Connecticut does not require further permission and can freely move, but transporters of firewood must be able to demonstrate verifiable in-state origin and may be subject to inspection and production of documentation to confirm its origin and or treatment. Movement of firewood outside of Connecticut may require state and federal permits or compliance agreements.

Part I. Applicant Information (please print or type)

Name (First, Middle Initial, I	Last):		
Mailing address:			
City/Town:	State:	Zip code:	
Business phone:	Ext.:	Fax:	
Business name:			
*Business email address			

^{*}By providing this email address, you are agreeing to receive official correspondence from The Connecticut Agricultural Experiment Station (CAES), at this electronic address, concerning the subject application. Please check your security settings to be sure you can receive emails from "ct.gov" addresses. Also, please notify The CAES if your email address changes. If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State and the name should be stated exactly as it is registered with the Secretary of State. Only individuals authorized by the applicant may sign this application. An individual's signature on this application certifies that s/he is authorized to sign this application.

Part II. Origin of Regulated Firewood Address: Street: Type of wood materials to be transported: Method of wood treatment, if any (i.e., debarking, kiln sterilization, etc.) **Destination of wood materials (street, town/city, state): Date(s) or frequency or period of shipment(s) **Inspection of regulated articles at points of origin may be required before shipment. A state permit will be issued allowing the movement of regulated articles, if appropriate; otherwise, it will be denied if sufficient steps are not followed to eliminate the risk of transporting living stages of the emerald ash borer. **Part III. Application Certification** The applicant and the authorized individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless all required signatures are provided. I have personally examined and am familiar with the information submitted in this document, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I certify under penalty of law that I have read and understand all conditions of the State of Connecticut Regulation of Firewood Transported Into and Within Connecticut (Sec. 22-84-5g), that all conditions for eligibility for permission to move regulated firewood into Connecticut are or will be met, including necessary treatment or mitigation. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that the information submitted has been properly gathered and evaluated. I understand that a false statement in the submitted information may be punishable as a criminal offense pursuant to section 53a-157b of the General Statutes and in accordance with any other applicable statute. I certify that this application is on complete and accurate forms as prescribed by the Director of The Connecticut Agricultural Experiment Station without alteration of text. Signature of Applicant Date Signature of Preparer (if different from above) Name of Preparer (print or type) Title Please submit permit application to: Dr. Victoria Smith, State Entomologist 123 Huntington Street, New Haven, CT 06511 Victoria.Smith@ct.gov

Connecticut Application for Permit for Transport of Firewood (State Regulations Sec. 22-84-5g)

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Protecting Agriculture, Public Health, and the Environment

Equal employment opportunity means employment of people without consideration of age, ancestry, color, criminal record (in state employment and licensing), gender identity or expression, genetic information, intellectual disability, learning disability, marital status, mental disability (past or present), national origin, physical disability (including blindness), race, religious creed, retaliation for previously opposed discrimination or coercion, sex (pregnancy or sexual harassment), sexual orientation, veteran status, and workplace hazards to reproductive systems unless the provisions of sec. 46a-80(b) or 46a-81(b) of the Connecticut General Statutes are controlling or there are bona fide occupational qualifications excluding persons in one of the above protected classes. To file a complaint of discrimination, contact Dr. Jason White, Director, The Connecticut Agricultural Experiment Station, 123 Huntington Street, New Haven, CT 06511, (203) 974-8440 (voice), or <u>Jason White@ct.gov</u> (e-mail). CAES is an affirmative action/equal opportunity provider and employer. Persons with disabilities who require alternate means of communication of program information should contact the Chief of Services, Michael Last at (203) 974-8442 (voice), (203) 974-8502 (FAX), or <u>Michael Last@ct.gov</u> (e-mail).	
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