

# *Invasive Species Act Variance Request Form For Scientific/Educational Research*

**Return this form to: Invasive Species Coordinator, NH Department of Agriculture, Markets and Food, Plant Industry Division, Lab D, 29 Hazen Drive, Concord, NH 03301**

All requirements of this form must be completed by the applicant. The information that you provide must be legible. Please type or print (clearly) in black ink.

**Scientific Name:** \_\_\_\_\_ **Common Name:** \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Town/City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Purpose/Need for Variance

Project Description (additional pages can be submitted if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Project: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Project Location: \_\_\_\_\_ Town/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What measures will be taken to ensure that the invasive species being applied for in this variance will not escape, spread or negatively affect the surrounding natural environment, agricultural or forest crops, and/or human health? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Once the project has ended, how will the species be disposed of (please describe in detail)? \_\_\_\_\_  
\_\_\_\_\_

### Additional Materials Required

- USGS Topographical Map with Site clearly shown
- Photographs before project begins and after project ends
- A description of the results/findings of the research work

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

---

### For Department of Agriculture's Use Only

Does the applicant meet the requirements for a variance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_