



**GINSENG DEALER**  
**ANNUAL REPORT YEAR \_\_\_\_\_**

Dealer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 License # \_\_\_\_\_



**Pounds Purchased**

Wild Wet		Wild Dry		Cultivated	
lbs.	oz.	lbs.	oz.	lbs.	oz.

**Pounds Certified**

Wild Wet		Wild Dry		Cultivated	
lbs.	oz.	lbs.	oz.	lbs.	oz.

**Pounds Retained in Possession**

Wild		Cultivated	
lbs.	oz.	lbs.	oz.

Date Shipped	Location Shipped to Name and Address	Wild		Cultivated	
		lbs.	oz.	lbs.	oz.

Submit completed form(s) by May 1st of the year following the ginseng harvest season to:  
 Illinois Dept. of Natural Resources, Office of Law Enforcement, Ginseng Program, One Natural Resources Way, Springfield, IL, 62702-1271.

By signature below, I hereby declare under penalty of perjury that the information provided is true and correct.

Dealer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and those funded by the U.S. Fish and Wildlife Service and other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding source's civil rights office and/or the Equal Employment Opportunity Officer, IDNR, One Natural Resources Way, Springfield, IL, 62702-1271, 217/785-0067; TTY 217/782-9175.

