



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

JB Pritzker, Governor
Colleen Callahan, Director



Ginseng Dealers

Records of Purchases

Sheet #: _____ Year _____

County: _____

Use a separate sheet for each county.

License #:
Dealer Name:
Address:
City, State, Zip:
Phone #:
Email Address:

Date Purchased	Name of Seller: Harvester, Dealer, Grower	Address, City, State, Zip	Harvester, Dealer or Grower's License #	Wild Wet Weight		Wild Dry Weight		Cultivated Weight		If Certified, Enter Date and Serial # of Certification
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
				lb	oz	lb	oz	lb	oz	
Total Weights on this Sheet										
Wild Wet	lb	oz	Wild Dry	lb	oz	Cultivated		lb	oz	

Copy 1-Dealer's Copy Copy 2- Submit to IDNR-ORC-Forestry, Ginseng Program, One Natural Resources Way, Springfield, IL 62702

Submit at the close of business each month that Ginseng purchases are made.

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

Dealer Signature: _____ Date: _____