GINSENG GROWERS RECORD OF LOCATION AND SIZE OF CULTIVATED GINSENG STANDS FOR SPRING _____(year)

Illinois Department of Natural Resources

Grower's Name _____

Address _____

License # _____

City/State_____

Legal Location to Quarter Quarter Section	County	Natural or Artificial Shade	Size in Acres or Square

Submit copy 2 of this form to Illinois Department of Natural Resources, ORC Forestry, Ginseng Program, One Natural Resources Way, Springfield, IL 62702-1271 on April 1st of each year.

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

Grower 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.

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