



**GINSENG DEALERS
 RECORD OF PURCHASES**

Sheet Number _____ Year _____

Dealer Name _____
 Address _____
 City/State _____
 License # _____



Date Purchased	Name of Seller (Harvester, Dealer or Grower)	Address Street, City and State	Harvester, Dealer or Growers Lic#	Wild Wet Weight		Wild Dry Weight		Cultivated Weight		County & State of Harvest	If Certified, Enter Date and Serial # of Certification
				lb.	oz.	lb.	oz.	lb.	oz.		
Total Weights in This Sheet		Wild Wet	lb.	oz.	Wild Dry	lb.	oz.	Cultivated	lb.	oz.	

Copy 1 - Dealer's Copy Copy 2 - Submit to Illinois Department of Natural Resources, Office of Law Enforcement, Ginseng Program, One Natural Resources Way, Springfield, IL, 62702-1271 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: _____



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.

