



**GINSENG GROWER'S RECORD OF
 HARVEST OF CULTIVATED GINSENG
 FOR CROP YEAR _____**

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



Legal Location to Quarter Quarter Section	County	Date of Harvest	Weight (wet or dry)	Date Sold	Sold to: Name & Address

Submit Copy 2 of this form to Department of Natural Resources, Office of Law Enforcement, Ginseng Program, One Natural Resources Way, Springfield, IL, 62702-1271 upon sale of the season's crop or April 1 of the year following harvest.

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.

