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 lb ---oz		Wild Dry Weight lb --- oz		Cultivated Weight lb --- oz		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	

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: _____