

STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE

CERTIFICATE APPLICATION
2022 Firewood Importer's Certificate

Firewood Importer Name & Address (please complete):

Mail application and appropriate fee payable to:

_____ (name)

Illinois Department of Agriculture
Bureau of Environmental Programs

_____ (address)

P.O. Box 19281

_____ (City, State, Zip Code)

Springfield, IL 62794-9281

(217) 785-2427 -- TDD # (217) 785-2427

_____ (e-mail address or web page)

Fee: \$25.00

Please provide the address of **each** location where firewood is stored or handled (if additional space is needed, please attach a separate sheet):

1.	_____ (Storage or handling site name & street address)	_____ (City)	_____ (State)	_____ (Zip Code)
2.	_____ (Storage or handling site name & street address)	_____ (City)	_____ (State)	_____ (Zip Code)
3.	_____ (Storage or handling site name & street address)	_____ (City)	_____ (State)	_____ (Zip Code)
4.	_____ (Storage or handling site name & street address)	_____ (City)	_____ (State)	_____ (Zip Code)
5.	_____ (Storage or handling site name & street address)	_____ (City)	_____ (State)	_____ (Zip Code)

I (We) import firewood for (check all that apply):

- Wholesale distribution
 Retail sales
 Other (please describe): _____

Imported firewood State(s) of Origin (for example: Indiana, Michigan, etc.): _____

Imported firewood County of Origin (for example: Kane, Will, Logan, etc.): _____

USDA EAB Compliance Agreement Number: _____

Contact Person: _____ Telephone #: (_____) _____

FEIN/SSN: _____ IBT # (Sales Tax): _____

_____ (signature)

_____ (date)

Note: This certificate application form must be completed & returned within 30 days. Please include all fees with your application and retain a copy for your records.

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 505 ILCS 90/1 et seq. Failure to provide this information shall prevent this form from being processed. This form has been approved by the state forms management center.

For Office Use Only:	
Date Received:	_____
Check #:	_____
Amount:	_____
Revenue Code	522
Certificate Number	_____
Certificate Issue Date	_____