

**STATE OF ILLINOIS**  
**DEPARTMENT OF AGRICULTURE**

**CERTIFICATE APPLICATION**  
**2020 Firewood Importer's Certificate**

Firewood Importer Name & Address (please complete):

Mail application and appropriate fee payable to:

\_\_\_\_\_  
 (name)  
 \_\_\_\_\_  
 (address)  
 \_\_\_\_\_  
 (City, State, Zip Code)  
 \_\_\_\_\_  
 (e-mail address or web page)

**Illinois Department of Agriculture**  
**Bureau of Environmental Programs**  
**P.O. Box 19281**  
**Springfield, IL 62794-9281**  
 (217) 785-2427 -- TDD # (217) 785-2427

**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.	_____	_____	Illinois	_____
	(Storage or handling site name & street address)	(City)	(State)	(Zip Code)
2.	_____	_____	Illinois	_____
	(Storage or handling site name & street address)	(City)	(State)	(Zip Code)
3.	_____	_____	Illinois	_____
	(Storage or handling site name & street address)	(City)	(State)	(Zip Code)
4.	_____	_____	Illinois	_____
	(Storage or handling site name & street address)	(City)	(State)	(Zip Code)
5.	_____	_____	Illinois	_____
	(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: _____	Certificate Number _____
Check #: _____	Certificate Issue Date _____
Amount: _____	
Revenue Code <b>522</b>	