



Illinois  
Department of  
**Natural  
Resources**

Dealer Name \_\_\_\_\_

Dealer License # \_\_\_\_\_

## Ginseng Dealers Record of Purchase Form

Sheet #: \_\_\_\_\_ Month / Year \_\_\_\_\_

Cultivated \_\_\_\_\_ Wild \_\_\_\_\_

*Put "x" next to appropriate selection*

County \_\_\_\_\_

**"Wild" and "Cultivated" must be completed on separate forms**

Purchase Date	Seller Name and License	Seller Address	Previous Certified?	Weight Wet (lbs. oz)	Weight Dry (lb. oz)
Use reverse side for more entries				Total	

*Mail to:*  
IDNR Forestry  
Ginseng  
1 Natural Resources Way  
Springfield, IL 62702

*Instructions: Keep one (1) original copy for your records and send one to IDNR Forestry on the last business day of each month purchases were made.*

