

Notice: Use of this form is required by the Department for inventory reporting of wild ginseng pursuant to s. 29.611(9), Wis. Stats. Failure to submit this form could result in the suspension of your wild ginseng dealer's license as stated in s. 29.611(10), Wis. Stats. Transactions in ginseng dry root are not public records and shall not be released or used by the department for any purpose except investigation and enforcement under s. 29.611(9)(g). Personally identifiable information requested on this form is not likely to be used for purposes other than that for which it is originally being collected.

Return a completed form by APRIL 15 to the address above.

Dealer Name	Dealer License Number	
Street or Route	Telephone Number ()	
City	State	ZIP Code

As of April 1, 20____, did you have any carry-over of wild or wild-simulated Wisconsin ginseng root? Yes No

As of April 1, 20____, did you have any carry-over of wild or wild-simulated ginseng roots from other states? Yes No

Carryover Ginseng Root

Pounds of Dry Root		Year of Harvest	State of Origin	Date of Certification	Certificate of Origin Number
Wild-Simulated	Wild				
Total Wisconsin					
Total Out-of-State					

Scale Certified? Yes No

Comments: _____

I hereby certify that the above statements are true and correct.

Signature of Dealer	Date Signed
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Signature of Certified Public Accountant or DNR Inspector needed below
ONLY if there is inventory remaining that has not been certified.

Signature of Certified Public Accountant or DNR Inspector	Date of Inspection
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