



Notice: Completion of this form is required under *MS s 84.093* Minnesota Statutes, and MN Administrative Rules Ch. 6282.0400 & 6282.0500
Return this completed form by March 15 to the address listed. ***Please retain copies of this form as required for record keeping purposes.**

Report Period	Dealer License No.	Dealer Name
Company Name	Address	City, State & ZIP Code

1. Ginseng Purchased from Harvesters

MN County of Harvest or Other State of Harvest	Year of Harvest	Total Pounds Purchased			MN County of Harvest or Other State of Harvest	Year of Harvest	Total Pounds Purchased		
		Artificially Propagated	Wild	Wild Simulated			Artificially Propagated	Wild	Wild Simulated
Total Purchased from Minnesota Harvesters									
Total Purchased from Out-of State Harvesters									

2. Ginseng Purchased from Other Dealer's

Dealer License No.	Name, Business Name and Address of Dealer	Year of Harvest	MN Certificate of Origin No.	MN County of Harvest or/State of Origin	Total Pounds Purchased		
					Artificially Propagated	Wild	Wild-Simulated
Total Purchased from Minnesota Dealers							
Total Purchased from Out-of-State Dealers							

3. Ginseng Sold During Reporting Period

	Total Pounds Sold		
	Artificially Propagated	Wild	Wild-Simulated
Minnesota Roots			
Roots from Out-of-State			

4. Wild Ginseng: Certified

	Total Pounds Certified		
	Artificially Propagated	Wild	Wild-Simulated
Purchased Total: Certified by Authorized MN DNR Representative			
Purchased Total: Certified by Out-of-State Dealers/Harvesters			
Sold Total: Certified by Authorized MN DNR Representative			
Sold Total: Certified Out-of-State Dealers/Harvesters			

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

Signed by: _____ Date signed: _____