PERMIT NO._____

STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF NATURAL AREAS
7th Floor L&C Annex, 401 Church Street
Nashville, Tennessee 37243-0447
Phone (615) 532-0431 FAX (615) 532-3019

GINSENG DEALER REGISTRATION AND PERMIT

(This registration and permit form should be sent to the address above.)

I, _____
Name of Dealer and Title - President, Owner, etc.

and, _____ _____
Name of Dealer's Agent Dealer's Initials for Approval

of _____
Name of Business or Organization

_____
Dealer's Address - Street or Post Office Box Number

_____ _____
City State

_____ _____
Zip Code Phone

Hereby make application for a **Ginseng Dealer's Permit** in accordance with the **Tennessee Ginseng Dealer's Act, Chapter 445, Public Acts of 1983.**

I hereby certify that the information given above is true and correct to the best of my knowledge and belief. I further certify that I am familiar with and will abide by the laws, rules and regulations governing the purchase, sale and export of wild, woods grown and cultivated ginseng.

_____ _____
Signature of Dealer Date

Do Not Write Below This Line

Approved this _____ day of _____, 20_____

by _____, Director, Division of Natural Areas, Tennessee Department of Environment and Conservation.

THIS PERMIT IS VALID FOR THE PERIOD FROM AUGUST 15, 20____, OR THE DATE OF ISSUANCE, TO AUGUST 14, 20____. PERMITS ARE ISSUED ON AN ANNUAL BASIS.