

PERMIT NO._____

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF NATURAL HERITAGE

GINSENG DEALER REGISTRATION AND PERMIT

Name of Deale	er and Title - President, Owner, etc.
d,Name of Dealer's Agent	Dealer's Initials for Approval
Name	of Business or Organization
Dealer's Addres	ss - 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 Heritage,

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.

This registration and permit form should be sent to the **Division of Natural Heritage**, **Tennessee Department** of Environment and Conservation, 7th Floor, L&C Annex, 401 Church Street, Nashville, Tennessee 37243-0447.

CN-0639 (Rev. 5/99)