



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Development  
 2811 Agriculture Drive, P O Box 8911  
 Madison, Wisconsin 53708-8911  
 phone 608-224-5116 email:DATCPginseng@wisconsin.gov  
 https://datcp.wi.gov/

<b>FOR OFFICE USE ONLY</b>
Date Received:

## 2024 Cultivated Ginseng Dealer Registration and Shipment Certificate Application

Section 1

(Check this box if you are a NEW applicant)

Make address corrections here:

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_

BUSINESS OPERATED BY (check one)

- Individual  
  Partnership  
  Corporation  
  Cooperative  
  LLC  
  Trust  
  Other

State of formation: \_\_\_\_\_  
 (If corporation or LLC)

Section 2

### Cultivated Ginseng Shipment Certificates

Fill in the number of shipment certificates you are requesting:

\_\_\_\_\_ x \$15.00 = \$ \_\_\_\_\_

**Check the type of shipment certificate you are requesting:** NOTE: If no boxes are checked, you will receive a Cultivated Dry Root Certificate.

- Cultivated Dry Root - Includes Woods-Grown and Fibers  
  Fresh/Green Root  
  Live Root or Seed  
  Retail Shipping Certificate (yearly)

Section 3

### Annual Ginseng Dealer Registration

Annual Registration Fee BEFORE 01/02/24	_____ + \$25.00
Annual Registration Fee AFTER 01/02/24	<b>OR</b> _____ + \$30.00
Total from Section 2 above	+ _____
Please calculate the TOTAL from Sections 2 and 3	= \$ _____

**Dealers: One shipment certificate is required for each sale or shipment of ginseng. Shipment certificates are valid during the year in which you are registered. Registration fees need only be paid once per calendar year. All applicants must sign and date below.**

Section 4 **OUT OF STATE GINSENG DEALERS- Please list Wisconsin Agent(s) or Buyers employed by your firm:**

NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		TELEPHONE NUMBER	FAX NUMBER	

By signing below, I certify that I will comply with all State and Federal laws pertaining to the harvest, purchase, sale, transfer and export of ginseng out of the state of Wisconsin.

Date	Type/Print Applicant's Name and Title	Signature of Applicant
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**Mail Check and application to: DATCP, BOX 93178, MILWAUKEE WI 53293-3178**

Personal information you provide may be used for purposes other than that for which it was originally collected ( sec. 15.04(1)(m), Wis. Stats.).

*This institution is an equal opportunity employer*