MK-MO-37 (Rev. 04/17)

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
http://www.datcp.state.wi.us

FOR OFFICE USE ONLY
Date Rcvd:

Registration Number: _____ May be delayed if not indicated.

2018 Cultivated Grower Registration and Shipment Certificate Application

Section 1 - Registered Ginseng Grower Business Information

Business Name: _____ Email: _____

Contact Person: _____ Phone Number: _____

Business Address: _____ Fax Number: _____

City/State/Zip: _____

Business Operated By: (check one) If corporation or LLC, state of formation: _____

☐ Individual ☐ Partnership ☐ Corporation ☐ Cooperative ☐ LLC ☐ Trust ☐ Other _____

Section 2 - Number of Cultivated Ginseng Shipment Certificates Requested

Number of Ginseng Shipment Certificates you are requesting: _____ x $15.00 = $ _____

Type of 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 (only need once yearly)**

Section 3 - Annual Ginseng Grower Registration

☐ **Yes, please register me. I have updated all my information on this form.** $0.00-No Fee

One shipment certificate is required for each sale or shipment of ginseng. Shipment certificates are valid in the year in which you are registered. There is no annual registration fee due for growers; however, all growers MUST return a completed registration form annually to be listed as a registered ginseng grower with the Department. Incomplete applications will be returned. All applicants must sign and date below.

Section 4 - Ginseng Grower Garden and Field Information

DO NOT add additional acreage on an existing garden. Create new.

Please list locations of all ginseng gardens below. Use back, or attach additional sheets if necessary. Provide landowner's name and address for each property. Make corrections to the pre-printed information if available. Pre-printed information is only available to renewal applicants. First time applicants must complete all sections.

County Name:	Garden ID:	Town/Municipality Reg/Plant Yr	Township #:	Range #:	Section#:	Acres :	(Dug / Yr)
		/ N	/				

Road directions to ginseng gardens: Landowner's name and address for this parcel:

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

Checks payable to: WDATCP. Mail check and application to: DATCP, BOX 93193, MILWAUKEE WI 53293-0193

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