



**STATE OF ALABAMA**  
**DEPARTMENT OF AGRICULTURE AND INDUSTRIES**  
**PLANT PROTECTION SECTION/ GINSENG UNIT**

1445 Federal Drive • Montgomery, Alabama 36107-1123  
Phone: (334)240-7225 Fax: (334)240-3971

**John McMillan**  
*Commissioner*

**APPLICATION FOR A GINSENG COLLECTOR'S PERMIT**

**Plant Industry- Ginseng Registration**  
**Alabama Department of Agriculture and Industries**  
**1445 Federal Drive**  
**Montgomery, AL 36107-1123**

**Dear Sir/Madam:**

I hereby apply for a Ginseng Collector's Permit so that I may collect wild ginseng for the purpose of selling same for export. I agree to provide any and all information required under Section 5, Act No. 87-582, as well as any and all information concerning the precise location of any area from which I have harvested ginseng.

I have read Act No. 87-582 and the rules and regulations promulgated supplemental thereto and agree to abide by the requirements therein.

Enclosed is a check for \$10.00, payable to the Department of Agriculture and Industries, as required under Chapter 80-10-13 of the Alabama Administrative Code as payment of my Ginseng Collector's Permit.\*

**\*Permit fees are due and payable on or before September 1st of each year.**

**\*The information you provide helps with record keeping as well as being able to communicate with you on any ginseng issues. Please make sure all information is correct and complete. Incomplete forms will be returned.**

NAME OF COLLECTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL \_\_\_\_\_

-----Office use only-----

COUNTY/ NUMBER \_\_\_\_\_ FEE \_\_\_\_\_

MAIL/DEALER \_\_\_\_\_ PENALTY \_\_\_\_\_

CHECK, MO, CASH \_\_\_\_\_ TOTAL \_\_\_\_\_

CERTIFICATE NUMBER \_\_\_\_\_