

# NEW YORK STATE GINSENG DEALER INFORMATION RELEASE FORM

Applicant's Name:	
Business Name:	
Mailing Address:	
Business Address:	
Phone Number:	
Fax Number:	
E-mail Address:	

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I do hereby grant permission for the New York State Department of Environmental Conservation to release all the information on this form to the public.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return all applications to:

**Ginseng Program Coordinator**  
**New York State Department of Environmental Conservation**  
**Division of Lands & Forests**  
**625 Broadway**  
**Albany, NY 12233-4253**

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