NEW YORK STATE GINSENG DEALER
INFORMATION RELEASE FORM

Applicant's Name: ________________________________

Business Name: _________________________________

Mailing Address: __________________________________

Business Address: __________________________________

Phone Number: ________________________________

Fax Number: ________________________________

E-mail Address: ________________________________

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