

STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE

CERTIFICATE APPLICATION
2016 Firewood Importer's Certificate

Firewood Importer Name & Address (please complete):

Mail application and appropriate fee payable to:

 (name)

 (address)

 (City, State, Zip Code)

 (e-mail address or web page)

Illinois Department of Agriculture
Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281
 (217) 785-2427 -- TDD # (217) 785-2427

Fee: \$25.00

Please provide the address of **each** location where firewood is stored or handled (if additional space is needed, please attach a separate sheet):

1.	_____	_____	Illinois	_____
	(Storage or handling site name & street address)	(City)	(State)	(Zip Code)
2.	_____	_____	Illinois	_____
	(Storage or handling site name & street address)	(City)	(State)	(Zip Code)
3.	_____	_____	Illinois	_____
	(Storage or handling site name & street address)	(City)	(State)	(Zip Code)
4.	_____	_____	Illinois	_____
	(Storage or handling site name & street address)	(City)	(State)	(Zip Code)
5.	_____	_____	Illinois	_____
	(Storage or handling site name & street address)	(City)	(State)	(Zip Code)

I (We) import firewood for (check all that apply):

_____ Wholesale distribution
 _____ Retail sales
 _____ Other (please describe): _____

Imported firewood State(s) of Origin (for example: Indiana, Michigan, etc.): _____

Imported firewood County of Origin (for example: Kane, Will, Logan, etc.): _____

USDA EAB Compliance Agreement Number: _____

Contact Person: _____ Telephone #: (_____) _____

FEIN/SSN: _____ IBT # (Sales Tax): _____

 (signature) _____ (date)

Note: This certificate application form must be completed & returned within 30 days. Please include all fees with your application and retain a copy for your records.

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 505 ILCS 90/1 et seq. Failure to provide this information shall prevent this form from being processed. This form has been approved by the state forms management center.

For Office Use Only:	
Date Received: _____	Certificate Number _____
Check #: _____	Certificate Issue Date _____
Amount: _____	
Revenue Code 522	