North Carolina Wild Mushroom Verification Form

Date:	Establishment ID#:	Tag #:
City:	State:	Zip Code:
Address: _		
City:	State:	Zip Code:
Email Add	ress:	Phone:
Provide a	statement as to the qualifications and train	State:
(A) Ex so m (B) Th	urces where each mushroom is individually in ushroom identification expert. iis section does not apply to:) Cultivated wild mushrooms species that are is regulated by the food regulatory agency t) Wild mushrooms species if they are in packa	room species picked in the wild shall be obtained from spected and found to be safe by an APPROVED grown, harvested, and processed in an operation that hat has jurisdiction over the operation; or aged form and are the product of a food processing
	ns are identified by a label, placard, or me	ecified in ¶ (B) of this section, mushroom species picked in the wild shall be obtained from the each mushroom is individually inspected and found to be safe by an APPROVED dentification expert. Hose not apply to: It wild mushrooms species that are grown, harvested, and processed in an operation that sted by the food regulatory agency that has jurisdiction over the operation; or shrooms species if they are in packaged form and are the product of a food processing at is regulated by the food regulatory agency that has jurisdiction over the plant. Then that prepares, sells, and serves mushrooms picked in the wild shall ensure the notified by a label, placard, or menu notation that states the common name of the tremain on file in the food establishment for a minimum of 90 days from the date
	ment must remain on file in the food estal the wild mushrooms.	olishment for a minimum of 90 days from the date
I attest to	the accuracy of the information provided	in this Wild Mushroom Buyer Verification.
Signature	of Forager:	Date:



Signature of PIC: ______ Date: _____