



Oregon
Department
of Agriculture

**2019 INDUSTRIAL HEMP GROWER/SEED
REGISTRATION APPLICATION**

GROWER INFORMATION

Registrant's Business Name _____
2018 Industrial Hemp Grower Registration Number (if applicable)? : _____
(example: AG-R1234567IHG)

Legal Status of Registrant: _____ Individual/ Sole Proprietor _____ Limited Liability Company
(Check one) _____ Corporation _____ Limited Partnership

Oregon Secretary of State Registration Number (if applicable) _____
(This is not your tax ID number)

If your business is registered with the Secretary of State provide the names of all members, managers, corporate officers, general/limited partners or other individuals/entities with authority to exercise control over the Registrant's business, incur debt or similar obligations on behalf of Registrant's business, or enter into a contract or similar obligations on behalf of Registrant's business:

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

Attach additional sheets as necessary. Registrant must immediately notify the Department if there is any change in individuals authorized to control Registrant's business.

Registered Contact Person _____
Telephone No. _____ Cell Phone No. _____
Mailing Address: _____
City _____ State _____ Zip _____
Email _____

GROW SITE INFORMATION: (list each grow site separately)

Site 1: (Check one) Field _____ Greenhouse _____ Size _____ (acres or square ft)
Intended use (check all that apply): Flower _____ Hemp Seed _____ Fiber _____ Biomass _____
Other _____

Provide Field Name or ID (Limit to 10 Characters) _____
Street Address _____ County _____
City _____ State _____ Zip _____

List Global Positioning System (GPS) coordinates in DECIMAL (e.g. 44.123456, -123.123456)
Latitude _____ Longitude _____

(Please provide coordinates from the approximate center of growing area)

IMPORTANT: Attach copy of a map showing boundaries of this growing area. Keep a copy for your records.

Site 2: (check one) Field ____ Greenhouse ____ Size _____ (acres or square ft)
Intended use (check all that apply): Flower ____ Hemp Seed ____ Fiber ____ Biomass ____
Other ____

Provide Field Name or ID (Limit to 10 Characters) _____

Street Address _____ County _____

City _____ State ____ Zip _____

List Global Positioning System (GPS) coordinates in DECIMAL (eg. **44.123456, -123.123456**)

Latitude _____ Longitude _____

(Please provide coordinates from the approximate center of growing area)

IMPORTANT: Attach copy of a map showing boundaries of this growing area. Keep a copy for your records.

APPLICANT MUST LIST ALL GROW SITES AND PROVIDE A MAP SHOWING BOUNDARIES OF EACH SITE.
ATTACH ADDITIONAL SHEETS AS NECESSARY.

Applicant for registration acknowledges and agrees that:

- Any information provided to the Department may be publicly disclosed and may be provided to law enforcement agencies without notice to the applicant;
- The Department may enter any field, facility or greenhouse used for production or handling of industrial hemp or agricultural hemp seed and may take samples of the crop, including agricultural hemp seed, as necessary for the administration of the industrial hemp laws;
- All fees lawfully due to the Department are timely paid;
- The information provided is true and correct and the applicant's signature is an attestation of that fact.

I (print your name) _____ agree to general conditions that in addition to meeting all laws and regulations pertaining to industrial hemp growers and handlers, ORS 571.300 to 571.315, as amended by Oregon Laws 2016, Chapter 71, Oregon Laws 2017, and Oregon Laws 2018, Chapter 531 and OAR 603-148-0010 to 603-048-2480, all production, storing, processing, handling, packaging, labeling, marketing and selling of agricultural hemp seed must meet all applicable seed laws. Regulations as specified in ORS 633.500 through 633.996 and seed regulations OAR 603-056-0490. By signature below I attest that the information in this application form is true, correct, and the above requirements are understood.

Signature _____ Date _____

Keep a copy of this application and all other records associated with your industrial hemp business as required by Oregon Administrative Rule. OAR 603-048-0500 Registrants must maintain records of all transfers of ownership or possession of industrial hemp for no less than three (3) years after the total disposition of each harvest lot.

You will be contacted if your application is incomplete and additional information is required. Please forward missing information as soon as possible after the request is made by the Department. If missing information is not received by the Department within 30 calendar days of the request, processing of the application will end and the applicant will be refunded in full.

Oregon Department of Agriculture, Industrial Hemp Program, Phone 503-986-4652 Email: industrial-hemp@oda.state.or.us
• Website: <https://oda.direct/HEMP> • Revised 11/2018

FEE AND PAYMENT INFORMATION	ANNUAL FEE	FEES SUBMITTED
<input type="checkbox"/> Industrial Hemp Grower Registration	\$1,300	\$ _____
<input type="checkbox"/> Agricultural Hemp Seed Registration	\$120	\$ _____

Registrations for Growing or Handling Industrial Hemp, or Registrations for Agricultural Hemp Seed are valid for a one-year term beginning January 1, 2019 and ending December 31, 2019 unless revoked. Fees cannot be pro-rated and are non-refundable once a registration has been issued.

Signature _____ Title _____ Date _____

Print Owner's Name _____ Date of Birth ____/____/_____

If new owner, print former owner's name _____

For checks or Money Orders, mail (USPS only) to:

Oregon Department of Agriculture
PO Box 4395, Unit 17
Portland, OR 97208-4395

For Credit Card Charges, mail (USPS only) or fax to:

Oregon Department of Agriculture
635 Capitol St. N.E.
Salem, OR 97301-2532

Secure Fax: (503) 986-4746

DO NOT EMAIL CREDIT CARD INFORMATION

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee as per ORS 30.701.

For Discover, Visa or MasterCard Charges Complete the Following Information

Name of Cardholder _____ Phone _____

Address of Cardholder _____ City _____ Zip _____

Signature: _____ Total Charges: \$ _____

Card Number: _____ / _____ / _____ / _____ Expiration Date: _____ / _____

A receipt is available by email or Fax for credit card payments ONLY. If you would like to receive a receipt provide an email address here _____ or a fax number here _____.

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