



**INDUSTRIAL HEMP REGISTRATION APPLICATION
 FOR GROWERS**

<input type="checkbox"/> New
<input type="checkbox"/> Renewal
Previous Registration #: _____

REGISTRANT INFORMATION

Applicant Name (Last, First, Middle Initial or entity name):		
Mailing Address:		
City:	State:	Zip:
Primary Contact Name (Last, First, Middle Initial): <input type="checkbox"/> Same as applicant		
Phone Number:	Email (optional):	

BUSINESS INFORMATION

Business Name: <input type="checkbox"/> Same as applicant	
DBA ("doing business as") Names:	
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other:	EIN:
Principal Business Address: <input type="checkbox"/> Same as mailing address	
City:	State: Zip:

KEY PARTICIPANT INFORMATION

Full Name (Last, First, Middle Initial) including Self	Business Title	Email (optional)	Criminal History Report	County Use Only
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Additional Key Participants Attached

County Use Only:				
Date Received:	Registration #:	Issue Date:	Expiration Date:	Reviewed By:

Applicant Name: _____

INDUSTRIAL HEMP REGISTRATION APPLICATION FOR GROWERS

CULTIVATION SITE #1 /CULTIVAR INFORMATION

Additional cultivation sites attached

Total Sites: _____ **Site #:** 1 of _____

<i>Physical Address:</i>		
<i>City:</i>	<i>Zip:</i>	<i>Site Purpose:</i>
<i>Global Positioning System (GPS) coordinates (Coordinates should be from the approximate center of the growing area)</i>		<input type="checkbox"/> Cultivation <input type="checkbox"/> Storage <input type="checkbox"/> Both
<i>Latitude:</i>	<i>Longitude:</i>	
<i>Size:</i>		
		<input type="checkbox"/> Acres <input type="checkbox"/> Square Feet

Legal Description of Site:

REQUIRED: Attach a map showing boundaries of this growing area.

Is this site on a premise that is or will be licensed to cultivate or process cannabis? Yes No

County Use Only: Site #: 001 Approved Not Approved

Approved Cultivar	State/Country of Origin	Certified?	County Use Only
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

REQUIRED: Attach documentation to meet 3 CCR § 4920 for each cultivar.
 Additional cultivars associated with cultivation site #1 attached

FEE AND PAYMENT INFORMATION

Fees

Fees Submitted

Industrial Hemp Grower Annual Registration Fee	\$900	\$ _____
--	-------	----------

SUBMIT APPLICATION TO COUNTY AGRICULTURAL COMMISSIONER ALONG WITH CHECK OR MONEY ORDER PAYABLE TO “CDFA Cashier”:

**County of
 Agricultural Commissioner’s Office**

By signing below, I hereby certify that:

- The information submitted on this application is true and correct to the best of my knowledge and belief.
- The cultivation site(s) on this application is not on a premise that is licensed by the department to cultivate or process cannabis.
- I will comply with all requirements outlined in Division 24 of California Food and Agricultural Code and in Title 3 of California Code of Regulations.
- I understand that any changes to the cultivation site and/or cultivar must be provided to the county agricultural commissioner prior to planting for approval.

_____ Signature	_____ Print Name and Title	_____ Date
--------------------	-------------------------------	---------------

County Use Only: _____

**INDUSTRIAL HEMP REGISTRATION APPLICATION
 FOR GROWERS**

Applicant Name:

**SUPPLEMENTAL FORM FOR ADDITIONAL
 KEY PARTICIPANTS**

KEY PARTICIPANT INFORMATION

Full Name (Last, First, Middle Initial)	Business Title	Email (Optional)	Criminal History Report	County Use Only
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
			<input type="checkbox"/> Attach <input type="checkbox"/> FBI via Mail <input type="checkbox"/> FBI via Email	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

County Use Only:

**INDUSTRIAL HEMP REGISTRATION APPLICATION
 FOR GROWERS**

Applicant Name: _____

**SUPPLEMENTAL FORM FOR ADDITIONAL
 CULTIVATION SITE/CULTIVAR**

CULTIVATION SITE/CULTIVAR INFORMATION

Site #: _____ of _____

<i>Physical Address:</i>			
<i>City:</i>		<i>Zip:</i>	<i>Site Purpose:</i>
<i>Global Positioning System (GPS) coordinates (Coordinates should be from the approximate center of the growing area)</i>		<i>Size:</i> <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet	<input type="checkbox"/> Cultivation
<i>Latitude:</i>	<i>Longitude:</i>		<input type="checkbox"/> Storage <input type="checkbox"/> Both
<i>Legal Description of Site:</i>			
REQUIRED: Attach a map showing boundaries of this growing area.			
Is this site on a premise that is or will be licensed to cultivate or process cannabis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
County Use Only:		Site #: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Approved Cultivar	State/Country of Origin	Certified?	County Use Only
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

REQUIRED: Attach documentations to meet 3 CCR § 4920 for each cultivar.

CULTIVATION SITE/CULTIVAR INFORMATION

Site #: _____ of _____

<i>Physical Address:</i>			
<i>City:</i>		<i>Zip:</i>	<i>Site Purpose:</i>
<i>Global Positioning System (GPS) coordinates (Coordinates should be from the approximate center of the growing area)</i>		<i>Size:</i> <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet	<input type="checkbox"/> Cultivation
<i>Latitude:</i>	<i>Longitude:</i>		<input type="checkbox"/> Storage <input type="checkbox"/> Both
<i>Legal Description of Site:</i>			
REQUIRED: Attach a map showing boundaries of this growing area.			
Is this site on a premise that is or will be licensed to cultivate or process cannabis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
County Use Only:		Site #: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Approved Cultivar	State/Country of Origin	Certified?	County Use Only
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

REQUIRED: Attach documentations to meet 3 CCR § 4920 for each cultivar.

County Use Only: _____

INDUSTRIAL HEMP REGISTRATION APPLICATION FOR GROWERS INSTRUCTIONS

REGISTRATION REQUIREMENTS

Who Must Register

California Food and Agricultural Code (FAC) Sections 81003, 81004, and 81004.5 require registration prior to cultivation.

- Any institution of higher education who cultivates industrial hemp for academic or agricultural research must complete [Industrial Hemp Registration Application for Established Agricultural Research Institutions](#).
- Any person who cultivates industrial hemp for new variety development purposes must complete [Industrial Hemp Registration Application for Breeders](#).
- Any person who cultivates industrial hemp for all other purposes must complete *Industrial Hemp Registration Application for Growers*.

The annual registration fee is \$900.00 (nine hundred dollars) for one year from the date of registration issuance (Section 4900 in Title 3 of California Code of Regulations (CCR)). Registration is not automatically renewed. Registrant must submit a renewal application along with the registration fees at least 30 calendar days prior to the expiration of the registration.

APPLICATION INSTRUCTIONS

All information provided must be complete, legible, and accurate. Any incomplete sections or illegible information may delay the processing of the registration. The commissioner will notify the applicant of any incomplete information on the application. Applicant has 30 calendar days from the receipt of the notification to provide the requested information (3 CCR Section 4901(e)). If requested information is not received within the timeframe, registration will be denied. The applicant must submit a new registration application and registration fee for review and approval.

Registrant Information

Applicant must complete all sections for the registrant information. Applicant may be an individual or a business entity. Email address is optional. All correspondences, including the proof of registration, will be sent to the mailing address provided on the application.

Business Information

Applicant must complete all sections for the business information.

- **Business Name** is the business entity that participates in the cultivation of industrial hemp.
- List all **DBAs** ("doing business as") that are related to the business entity pertaining to industrial hemp cultivation.
- Indicate the **Business Type** for the entity.
- Provide the **EIN** (employer tax identification number) for the business entity.
- Provide the **Principal Business Address** for the business entity listed in Business Name section. The address cannot be a P.O. Box.

Key Participant Information

Applicant must list the **Full Name**, **Business Title**, and **Email** (optional) for each key participant, including the applicant. Key participant includes a sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation/entity producing industrial hemp. Additional key participants must be listed on the supplemental form.

A **Criminal History Report** must be submitted for each key participant in accordance with 3 CCR Section 4902(b)(1). The criminal history report must be dated within 60 calendar days of the submission of the *Industrial Hemp Registration Application for Growers*. Applicant must indicate whether the criminal history report is attached with the application or will be provided through email or mail from Federal Bureau of Investigation (FBI).

Cultivation Site/ Cultivar Information

Applicant must complete all sections for each cultivation site within the county and list the approved cultivar(s) to be planted for each cultivation site. Additional cultivation sites and/or approved cultivars must be listed on the supplemental form.

- A **Cultivation Site** is a contiguous land area where the applicant intends to engage in industrial hemp cultivation, storage, or both. Each noncontiguous field is considered a separate cultivation site.
- **Total Sites** is the total number of cultivation sites to be used for industrial hemp cultivation within the county.
- **Physical Address** is the location address of the cultivation site. Use cross streets if the cultivation site does not have a physical address.
- Indicate if the cultivation site is for cultivation, storage, or both in **Site Purpose**.
- **Global Positioning System (GPS) coordinates** must be from the approximate center of the growing area and in the format of decimal degrees, up to six decimals with a negative longitude (i.e., 38.574968, -121.492337 **NOT** 38°N and 121°W).
- Indicate the acreage or square footage of the cultivation site in **Size**.
- **Legal Description** includes information to describe, locate, and identify the boundaries of the cultivation site. A legal description is required if the cultivation site does not have a physical address. Information like assessor's parcel numbers (APN), operator identification number for Pesticide Use Enforcement, and Section Township Range can be provided in this section.
- A **Boundary Map** outlining each cultivation site must include the applicant name, physical address of each site (if available), labels for all roadways, labels for each cultivation site (Site 1, Site 2, etc.) that corresponds to site # on the application, and a boundary outline of each cultivation site.

- Indicate whether the cultivation site is on a **Premise** that is or will be licensed to cultivate or process cannabis.
- Provide the **Name** of each approved cultivar and **Origin** (state or country) of the approved cultivar. If the cultivar was produced in California, provide the county of origin.
- Attach the **Documentation to Meet 3 CCR § 4920** for each cultivar.

REGISTRATION AMENDMENTS

Registrants must submit an application for any changes or alterations to the business name, contact information, or key participants within 15 calendar days of the change in accordance with 3 CCR Section 4901(c)(2)(A). The registrant must complete the [Industrial Hemp Application to Amend Registered Contact/Business/Key Participant Information](#).

Registrants must request, prior to planting, for any changes or alterations to the cultivation site(s) and/or approved cultivar(s) to the commissioner in accordance with 3 CCR Section 4901(c)(2)(B). The registrant must complete the [Industrial Hemp Application to Amend Registered Site/Cultivar/Plan](#).

ALTERNATIVE FORMATS

This application can be made available in alternative formats for visual or hearing-impaired individuals. Please contact the California Department of Food and Agriculture (916-654-0435 or industrialhemp@cdfa.ca.gov) to request the application in an alternative format. Please allow 7-10 working days for production of the alternative format. Requests for an alternative format may be sent to the address and telephone number below.

If you have additional questions, please contact the County Agricultural Commissioner's office.

County of
Agricultural Commissioner's Office