

**INDUSTRIAL HEMP REGISTRATION APPLICATION  
 FOR GROWERS**

<input type="checkbox"/> New	Change Of:	
<input type="checkbox"/> Renewal	<input type="checkbox"/> Business Name	<input type="checkbox"/> Cultivation Site
Registration #: _____	<input type="checkbox"/> Contact Information	<input type="checkbox"/> Approved Seed Cultivar
	<input type="checkbox"/> Primary Contact	

**REGISTRANT INFORMATION**

Applicant Name:		Business Name:		<input type="checkbox"/> Same as applicant
Mailing Address:		City:	State:	Zip:
Primary Contact Name:		Phone Number:		Email (optional):
<input type="checkbox"/> Same as applicant				

**CULTIVATION SITE #1 / SEED CULTIVAR INFORMATION**

Additional Cultivation Sites Attached

**Total Sites:** \_\_\_\_\_

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

Legal Description of Site:

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

Approved Seed Cultivar	State/Country of Origin	Certified?	Documentation to Meet CCR § 4920 Requirement
Scarlet	California	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Will be provided prior to planting
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Will be provided prior to planting
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Will be provided prior to planting

Additional Seed 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 Please Select  
 Agricultural Commissioner's Office**

I hereby certify that the information submitted in this application is true and correct to the best of my knowledge and belief.

I understand that any changes to the cultivation site and/or seed cultivar must be provided to the county agricultural commissioner prior to planting. I also understand that all documentation to meet the approved seed cultivar requirement must be provided to the county agricultural commissioner prior to planting.

\_\_\_\_\_  
 Signature Print Name and Title Date

County Use Only:			
Registration #	Issue Date	Expiration Date	Signature