State of California DEPARTMENT OF FOOD & AGRICULTURE Pest Exclusion/Nursery, Seed, and Cotton Program 69-013 Pg. 1 (Rev. 03/24)



CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE INDUSTRIAL HEMP ADVISORY BOARD PROSPECTIVE MEMBER APPOINTMENT QUESTIONNAIRE

APPLICANT PERSONAL INFORMATION

Name:			Date:			
Mailing Address:						
Telephone number:			Email:	Email:		
				_		
		PROFESSIO	ONAL INFORM	IATION		
Indicate which m	ember positi	on(s) you are se	eeking to fill and co	omplete the app	licable sectio	n(s) below:
□ GROWER	ROWER SELLER ESTABLISHED AGRICULTURAL RESEARCH INSTITUTION MEMBER			□ PUBLIC MEMBER		
GROWER:						
Are you currently registered to cultivate industrial hem			ial hemp in Califor	nia?	□ YES	□ NO
			e for cultivating inc Nursery/Seed Production			Research
☐ Other:						
Name of Company:						
Current position title	e:					
SELLER:						
Name of Company:						
Current position title	e:					
List the type of indust	rial hemp pro	ducts you sell:				

State of California DEPARTMENT OF FOOD & AGRICULTURE Pest Exclusion/Nursery, Seed, and Cotton Program 69-013 Pg. 2 (Rev. 03/24)



ESTABLISHED AGRICULTURAL RESEARCH INSTITUTION MEMBER:

Are you currently a key participant fo institution?	r a registered established agricultural research	□ YES	□NO
If yes, list the name of the institution	n:		
Hemp registration number (if application	able):		
Public:			
Do you currently have any financial in	nterests in hemp cultivation, production, or sale?		
	ADDITIONAL INFORMATION		
How long have you participated in th	is industry?		
List names and dates of industry, trac	de, associations, and/or programs you are/and or ha	ve been associa	ated with:
Please provide a brief description as t	o why you would like to serve on the Industrial Hemp I	3oard.	
Signature:	Date:		
Indu	ifornia Department of Food and Agriculture ustrial Hemp Program ı: Natalie Jacuzzi		

1220 N Street, Sacramento, CA 95814

Email questionnaire to: industrialhemp@cdfa.ca.gov