State of California DEPARTMENT OF FOOD & AGRICULTURE Pest Exclusion/Nursery, Seed, and Cotton Program 69-003 Pg. 1 (Rev. 09/21)

Date Received:

Reg. #:

cdfa CALIFORNIA DEPARTMENT OF
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Request to Amend:

INDUSTRIAL HEMP APPLICAT			Registrati	on #:		☐ Contact I	nformation	
REGISTERED CONTACT/BUSINESS/KEY							☐ Business Information	
PARTICIPANT INFORMATION						☐ Key Parti	cipant Information	
REGISTRANT INFORMATION								
Registrant Name (Last, First, Middle Initial or entity r	name):							
Mailing Address:								
City:				State	9:	Zip:		
Primary Contact Name (Last, First, Middle Initial):								
□ Same as registrant								
Phone Number:		1	Email (optional):					
BUSINESS INFORMATION								
Business Name:  ☐ Same as registrant								
DBA ("doing business as") Names:								
Business Type:						EIN:		
☐ Sole Proprietor ☐ Partnership ☐	Corporation $\hfill\Box$ Limited	Liability Co	ompany 🗆 (	Other	:			
Principal Business Address:								
☐ Same as mailing address  City:				State	·	Zip:		
KEY PARTICIPANT INFORMAT	ION							
			-:!. (O ti 1)		Criminal History	Amendment	County Use	
Full Name (Last, First Middle Initial)	Business Title	Ema	ail (Optional)		Report	Туре	Only	
					☐ Attached	☐ Add	☐ Approved	
					<ul><li>☐ FBI via Email</li><li>☐ FBI via Mail</li></ul>	☐ Remove	☐ Not Approved	
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					☐ FBI via Email	□ Add	☐ Approved	
					☐ FBI via Mail	☐ Remove	☐ Not Approved	
☐ Additional Key Participants attached								
SUBMIT A	APPLICATION TO C		AGRICUL	TUR	RAL COMISSION	NER:		
	Count							
	Agricı	ultural C	ommissio	ner'	s Office			
By signing below, I hereby certify that:								
<ul> <li>The information submitted on</li> </ul>								
<ul> <li>I will comply with all requirements</li> <li>Regulations.</li> </ul>	ents outlined in Division 24	of Californ	ia Food and	Agric	ultural Code and in <sup>-</sup>	Title 3 of Califo	ornia Code of	
rogulations.								
<u> </u>			B ' ' '		J 7141 -			
Signature			Print Nan	ne an	a l'itle		Date	
County Use Only:								

Amendment #:

Reviewed by:

State of California DEPARTMENT OF FOOD & AGRICULTURE Pest Exclusion/Nursery, Seed, and Cotton Program 69-003 Pg. (Rev. 09/21)



INDUSTRIAL HEMP REGISTRATION
SUPPLEMENTAL FORM TO AMEND
ADDITIONAL REGISTERED KEY PARTICIPANTS

Pogistront Name:		
Registrant Name:		
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Full Name (Last, First Middle Initial)	Business Title	Email (Optional)	Criminal History Report	Amendment Type	County Use Only
			<ul><li>☐ Attached</li><li>☐ FBI via Email</li><li>☐ FBI via Mail</li></ul>	□ Add □ Remove	☐ Approved ☐ Not Approved
			<ul><li>☐ Attached</li><li>☐ FBI via Email</li><li>☐ FBI via Mail</li></ul>	☐ Add ☐ Remove	☐ Approved ☐ Not Approved
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County Use Only:		

# INDUSTRIAL HEMP APPLICATION TO AMEND REGISTERED CONTACT/BUSINESS/KEY PARTICIPANT INFORMATION INSTRUCTIONS

#### **APPLICATION INSTRUCTIONS**

Registrant must complete all fields in the section(s) to be amended. All information provided must be complete, legible, and accurate. Any incomplete section or illegible information may delay the processing of the amendment to the registration.

## **Registration Number**

Registrant must provide a valid registration number.

## **Request to Amend Registration**

Registrant must check the corresponding box(es) next to section(s) to be amended.

## **Registrant Information**

Registrant must complete all sections, regardless if there was a change in the contact information or not. Email is optional.

## **Business Information**

Registrant must complete all sections to amend any registered business information.

- Business Name is the business entity that participates in the cultivation of industrial hemp.
- List all names of 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) pertaining to the entity.
- **Principal Business Address** pertains to the business entity listed in Business Name section. The address cannot be a P.O. Box.

## **Key Participant Information**

Registrant must list the **Full Name**, **Business Title**, and **Email** (optional) for each key participant to be added or removed. 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 to be added or removed must be listed on the supplemental form.

A **Criminal History Report** must be submitted for each new key participant in accordance with Section 4902(b)(1) in Title 3 of the California Code of Regulations (CCR). The criminal history report must be dated within 60 calendar days of the submission of the *Industrial Hemp Application to Amend Registered Contact/Business/Key Participant Information*. The registrant 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).

## **OTHER REGISTRATION AMENDMENTS**

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 <u>Industrial Hemp Application to Amend Registered Site/Cultivar/Plan</u>.

Any changes to the registrant require a new application and registration fee prior to planting.

## **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 <a href="mailto:industrialhemp@cdfa.ca.gov">industrialhemp@cdfa.ca.gov</a>) 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