



**2020 HEMP REGISTRATION APPLICATION  
GROWER/GROW SITE**

**GROWER INFORMATION**

1. Registrant's Business Name \_\_\_\_\_

2. 2019 Hemp Grower Registration Number (if applicable): \_\_\_\_\_  
(example: AG-R1234567IHG)

3. Legal Status of Registrant: Individual \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_

4. Oregon Secretary of State Registration Number \_\_\_\_\_  
(NOT your tax ID number)

5. Members/Officers (if applicable)

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

6. Contact Person \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

7. **GROW SITE INFORMATION:** If applicable

**Site 1.**

Provide grow site name (Limit to 10 Characters) \_\_\_\_\_

Street Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**8. Production Area Information:**

*List each production area separately*

**Site 1.**

Area: Field  Greenhouse/Indoor

Size \_\_\_\_\_ (acres or square ft)

Intended use (check all that apply): Flower \_\_\_\_ Hemp Seed \_\_\_\_ Fiber \_\_\_\_ Biomass \_\_\_\_

Other \_\_\_\_

Provide Area Name (Limit to 10 Characters) \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

List Global Positioning System (GPS) coordinates (In Decimal: e.g. 44.123456, -123.123456)

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

**Site 2.**

Area: Field  Greenhouse/Indoor

Size \_\_\_\_\_ (acres or square ft)

Intended use (check all that apply): Flower \_\_\_\_ Hemp Seed \_\_\_\_ Fiber \_\_\_\_ Biomass \_\_\_\_

Other \_\_\_\_

Provide Area Name (Limit to 10 Characters) \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

List Global Positioning System (GPS) coordinates (In Decimal: e.g. 44.123456, -123.123456)

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

**Site 3.**

Area: Field  Greenhouse/Indoor

Size \_\_\_\_\_ (acres or square ft)

Intended use (check all that apply): Flower \_\_\_\_ Hemp Seed \_\_\_\_ Fiber \_\_\_\_ Biomass \_\_\_\_

Other \_\_\_\_

Provide Area Name (Limit to 10 Characters) \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

List Global Positioning System (GPS) coordinates (In Decimal: e.g. 44.123456, -123.123456)

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

**9. Signature.**

Applicant for registration acknowledges and agrees that:

- Any information provided to the Department will be publicly disclosed and will 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 hemp or agricultural hemp seed and may take samples of the crop, including agricultural hemp seed, as necessary for the administration of the 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;
- If using irrigated water, applicant has or will obtain the appropriate water use permit. Information concerning water use permits can be found at <https://oda.fyi/WaterResources>;
- If leasing land for hemp production or processing, applicant obtained permission from the land owner prior to applying to grow or process hemp.

I (print your name) \_\_\_\_\_ agree to general conditions that in addition to meeting all laws and regulations pertaining to 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 603-048-0010 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 hemp business as required by Oregon Administrative Rule.**

**10. End of the year crop report**

If you grew hemp in 2019, please provide the following information:

Acres or square feet harvested: \_\_\_\_\_

Pounds of hemp harvested: \_\_\_\_\_

**Check box if you did not grow hemp in 2019**

**11. FEE AND PAYMENT INFORMATION:**

(if registering additional grow site, No additional grower registration fee required)

	<b>FEE</b>	<b>FEES SUBMITTED</b>
<input type="checkbox"/> Hemp Grower Registration	\$250	\$ _____
<input type="checkbox"/> Hemp Grow Site Registration	\$500	\$ _____

**Registrations for Grower Registration and Hemp Grow Site Registration are valid for a one-year term beginning January 1, 2020 and ending December 31, 2020 unless revoked. Fees cannot be pro-rated and are non-refundable once a registration has been issued.**

**12. 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 or fax to:**

Oregon Department of Agriculture  
635 Capitol St. N.E. suite #100  
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.

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**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 \_\_\_\_\_**

**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: \_\_\_\_\_/\_\_\_\_\_

Oregon Department of Agriculture, Hemp Program, Phone 503-986-4652 Email: [hemp@oda.state.or.us](mailto:hemp@oda.state.or.us)

• Website: <https://oda.direct/HEMP> •

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