HEMP GROWER/PRODUCTION AREA
CHANGE OF STATUS REPORT FORM

GROWER INFORMATION (Fee Applies)

1. Business Name_____________________________________________________

2. Hemp Registration No. AG-______________________________

3. Current information
   
   Contact Name __________________________ Telephone No. ______________
   Mailing Address __________________________ Cell Phone No. ______________
   City, State, Zip __________________________ Email _______________________

4. New Information
   
   Contact Name __________________________ Telephone No. ______________
   Mailing Address __________________________ Cell Phone No. ______________
   City, State, Zip __________________________ Email _______________________

5. Current Production Area (to be changed):
   List each production area separately
   
   Area: Field □ Greenhouse/Indoor □
   Size__________ (acres or square ft)
   Intended use (check all that apply): Flower ____ Hemp Seed ____ Fiber ____ Biomass ____
   Other ____
   Area Name or ID (Limit to 10 Characters) ________________________________
   
   Latitude________________________ Longitude________________________
   
   List Global Positioning System (GPS) coordinates (In Decimal: e.g. 44.123456, -123.123456)
   (Coordinates should be from the approximate center of production area)
   
   Attach copy of a map showing boundaries of this production area
6. **New Production Area**

Area: Field ☐ Greenhouse/Indoor ☐
Size_______________ (acres or square ft)
Intended use (check all that apply): Flower ____ Hemp Seed ____ Fiber ____ Biomass ____
Other ____
Area Name or ID (Limit to 10 Characters) ________________________________

Latitude __________________ Longitude __________________
List Global Positioning System (GPS) coordinates (In Decimal: e.g. 44.123456, -123.123456)
(Coordinates should be from the approximate center of production area)

*Attach copy of a map showing boundaries of this production area*

**New Production Area**

Area: Field ☐ Greenhouse/Indoor ☐
Size_______________ (acres or square ft)
Intended use (check all that apply): Flower ____ Hemp Seed ____ Fiber ____ Biomass ____
Other ____
Area Name or ID (Limit to 10 Characters) ________________________________

Latitude __________________ Longitude __________________
List Global Positioning System (GPS) coordinates (In Decimal: e.g. 44.123456, -123.123456)
(Coordinates should be from the approximate center of production area)

*Attach copy of a map showing boundaries of this production area*

Signature ____________________________________________ Date _________________

ATTACH ADDITIONAL SHEETS AS NECESSARY TO LIST PRODUCTION AREAS
FEE AND PAYMENT INFORMATION

<table>
<thead>
<tr>
<th>FEES</th>
<th>FEES SUBMITTED</th>
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<tbody>
<tr>
<td>Hemp Change Form</td>
<td>$125</td>
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</tbody>
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7. 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.
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:___/_______