This instructional form is to help you fill out your hemp grower change form. Make sure you keep this form for your records as it has important information. Each of the following sections will explain what information is needed. Be sure to review OAR 603-048 for all of the requirements and definitions for hemp. The rules are available at oda.direct/hemp.

1. **Business Name**
Enter your company’s business name. If you applied as an individual enter your personal name.

Example:

**GROWER INFORMATION (Fee Applies)**

1. Business Name ________ Smith, John

**GROWER INFORMATION (Fee Applies)**

1. Business Name ________ O.D.A LLC

2. **Hemp Registration Number**
Here you would enter your 2020 hemp Grow site registration number.

Example:

2. **Hemp Registration No. AG-1234567HGS**

3. **Current Information**
This section is for your current information. You will need to enter the current contact name, mailing address, city, state, zip, phone number, and email.

Example:

3. **Current Information**

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>John Smith</th>
<th>Telephone No.</th>
<th>503-986-4652</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>635 Capitol St NE</td>
<td>Cell Phone No.</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Salem, OR 97301</td>
<td>Email</td>
<td><a href="mailto:hemp@oda.state.or.us">hemp@oda.state.or.us</a></td>
</tr>
</tbody>
</table>
4. **New Information**
   Here is where you would enter any changes to the following information, contact name, mailing address, city, state, zip, phone number, and email.

   Example:

   ```
   4. **New Information**
   
   Contact Name _____Matt Smith__________ Telephone No. ________________
   Mailing Address _____123 Hemp Ave__________ Cell Phone No. ________________
   City, State, Zip _____Salem, OR 97301__________ Email ______________________________________
   ```

5. **Current Production Area (to be changed)**
   List a production area you are changing. List it as it currently shows on your application.

   Example:

   ```
   5. **Current Production Area (to be changed):**
   List each production area separately
   
   Area: Field ☑ Greenhouse/Indoor ☐
   Size _____3 acres____ (acres or square ft)
   Intended use (check all that apply): Flower ____X____ Hemp Seed ____ Fiber ____ Biomass ____ Other ____
   Area Name or ID (Limit to 10 Characters) _____Field 1________________
   
   Latitude _____44.123456___________ Longitude _____-123.123456___________
   List Global Positioning System (GPS) coordinates (In Decimal: eg. 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**
List any changes to your current production area. List any new production areas.

Example:

6. **New Production Area**

Area: Field ☐ Greenhouse/Indoor ☐
Size ______ acres ______ (acres or square ft)
Intended use (check all that apply): Flower ☒ Hemp Seed ☐ Fiber ☐ Biomass ☒
Other ______
Area Name or ID (Limit to 10 Characters) ______ Field 1 ______

Latitude _____ 44.123456 ______ Longitude _____ 123.123456
List Global Positioning System (GPS) coordinates (In Decimal: eg. 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 ______ 400 square ft ______ (acres or square ft)
Intended use (check all that apply): Flower ☐ Hemp Seed ☒ Fiber ☐ Biomass ______
Other ______
Area Name or ID (Limit to 10 Characters) ______ Greenhouse 1 ______

Latitude _____ 45.123456 ______ Longitude _____ 122.123456
List Global Positioning System (GPS) coordinates (In Decimal: eg. 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**

7. **Signature**
Make sure to Sign and date your change form.

Example:

Signature _____________________________ Date ______ 1/24/19 ______
8. Checks or Money Orders/Credit Card Charges

This section informs you how to send your change of status report form and payment. Do not email your change form.

Example:

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.

***************************************************************

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 hemp@oda.state.or.us or a fax number here

For Discover, Visa or Mastercard charges complete the following Information

Name of Cardholder: John Smith
Phone: 503-986-4652

Address of Cardholder: 635 Capitol St NE
City: Salem
Zip: 97304

Signature: John Smith
Total Charges: $125

Card Number: 1234 / 5678 / 8765 / 4321
Expiration Date: 01 / 22