INDUSTRIAL HEMP GROWER OR HANDLER
CHANGE OF STATUS REPORT FORM

GROWER INFORMATION

Current information
Contact Name ____________________________________________
Business Name __________________________________________ Telephone No. __________________________
Business Address ________________________________________ Cell Phone No. __________________________
Mailing Address __________________________________________ Fax Phone No. __________________________
City, State, Zip __________________________________________ Email ________________________________

New or Changed Information
Contact Name ____________________________________________
Business Name __________________________________________ Telephone No. __________________________
Business Address ________________________________________ Cell Phone No. __________________________
Mailing Address __________________________________________ Fax Phone No. __________________________
City, State, Zip __________________________________________ Email ________________________________

GROWING AREA INFORMATION:
List each growing area separately
Area: Field ☐ Greenhouse ☐ Agriculture Hemp Seed Production? ☐ ☐ Size ________________ (yes) (no) (acres or square ft)

Current Area (to be changed)
Field Name or ID __________________________________________
Street Address ____________________________________________
City, State, Zip ____________________________________________

Attach copy of a map showing boundaries of this growing area
List Global Positioning System (GPS) coordinates (In Decimal: eg. 44.123456, -123.123456)
Longitude ____________________________ Latitude ____________________________
(Coordinates should be from the approximate center of growing area)
Area: Field □ Greenhouse □ Agriculture Hemp Seed Production? □ □ Size _______________ (yes) (no) (acres or square ft)

New or Changed Growing Area

Field Name or ID ____________________________________
Street Address ____________________________________
City, State, Zip ____________________________________

Attach copy of a map showing boundaries of this growing area

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

Longitude ______________________________ Latitude ______________________________

(Coordinates should be from the approximate center of growing area)

ATTACH ADDITIONAL SHEETS AS NECESSARY TO LIST GROWING LOCATIONS

Area: Field □ Greenhouse □ Agriculture Hemp Seed Production? □ □ Size _______________ (yes) (no) (acres or square ft)

New or Changed Growing Area

Field Name or ID ____________________________________
Street Address ____________________________________
City, State, Zip ____________________________________

Attach copy of a map showing boundaries of this growing area

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

Longitude ______________________________ Latitude ______________________________

(Coordinates should be from the approximate center of growing area)

ATTACH ADDITIONAL SHEETS AS NECESSARY TO LIST GROWING LOCATIONS

Signature __________________________________________ Date____________________

Submit this form as soon as possible following any changes to:
Oregon Department of Agriculture
Market Access & Certification Programs
635 Capitol ST NE
Salem, OR 97301-2532

Email: industrial-hemp@oda.state.or.us

Fax: 503-986-4786