



**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

Oregon Department of Agriculture Industrial Hemp Program, Phone: (503) 986-4652 Email: industrial-hemp@oda.state.or.us Web site: <http://www.oregon.gov/ODA>