



Hemp Grower Registration Instructional Form  
**(Do not attach this instructional form with your application)**

This instructional form is to help you fill out your hemp grower/grow site application. 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](http://oda.direct/hemp).

**1. Registrant's Business Name**

Enter your company's business name. If applying as an individual use your personal name.

Examples:

**GROWER INFORMATION**

1. Registrant's Business Name John Smith

**GROWER INFORMATION**

1. Registrant's Business Name O.D.A LLC

**2. 2019 Hemp Grower Registration Number**

Enter your 2019 registration number if you had a registration in 2019, if you did not leave this section blank.

Example:

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

**3. Legal Status of Registrant**

In this section you will list your legal status of registrant. You may register as an individual or as any entity registered with the Oregon Secretary of State.

Example:

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

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

**4. Oregon Secretary of State Registration Number**

This section is for your Oregon Secretary of State Registration Number. You will need to enter this if you are applying as a company, corporation, limited partnership or other entity type registered with the Oregon Secretary of State. If you are registering as an individual, leave this section blank.

Example:

4. Oregon Secretary of State Registration Number 123456-78  
(NOT your tax ID number)

**5. Members/Officers**

Enter the members or officers of your business entity. If registering as an individual, leave this section blank.

Example:

5. Members/Officers (if applicable)

Name John Smith Title CEO

**6. Contact Person**

You will need to enter contact information for the person who will be able to answer questions about your application or business.

Example:

6. Contact Person John Smith

Telephone No. 503-986-4652 Cell Phone No. \_\_\_\_\_

Mailing Address: 635 Capitol St NE

City Salem State OR Zip 97301

Email hemp@oda.state.or.us

**7. Grow Site Information**

“Grow site” means one contiguous lot, parcel, or tract of land used to produce or intended to produce industrial hemp.

In this section you will enter your grow site information, including grow site name, address, county, city, state, zip, and you will need to provide a map with an outline of the entire address (preferably using Google Maps). If you are only applying for the base grower registration leave this section blank.

Example:

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

**Site 1.**

Provide grow site name (Limit to 10 Characters) Grow 1

Street Address 635 Capitol St NE County Marion

City Salem State OR Zip 97301

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

**8. Production Area Information**

“Production area” means the area at a grow site where industrial hemp is produced or is intended to be produced and may include fields, greenhouses, or other buildings.

This section is where you list each production area (field or greenhouse/indoor grow). Each production area must be inside your grow site listed on your application. The information you will need to enter is, field or greenhouse/indoor, size (acres or square ft), intended use, area name, latitude and longitude, and you will need to provide a map with an outline around the production area(s) (preferably using Google Maps).

Example:

**8. Production Area Information:**

*List each production area separately*

**Site 1.**

Area: Field  Greenhouse/Indoor

Size 3 acres (acres or square ft)

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

Other

Provide Area Name (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)

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

**9. Signature**

In this section you will need to print, sign your name, and date the application.

Example:

- 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.

**9. Signature.**

I (print your name) John Smith 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 John Smith Date 1-2-20

**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**

This section is for the growers who grew and harvested in 2019.

Example:

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

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

Acres or square feet harvested: 18

Pounds of hemp harvested: 18,000

Check box if you did not grow hemp in 2019

**11. Fee and Payment Information**

Here you will check the boxes that applies to the type of registration you are applying for.

Example:

**11. FEE AND PAYMENT INFORMATION:**

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

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

**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. Checks or Money Orders/Credit Card Charges**

This section informs you how to send your application and payment. Do not email your application.

Example:

**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 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 97301

Signature: John Smith Total Charges: \$ 750

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