

Hemp Grower / Production Area Change of Status Report Form

Or	ne form per grow site. Check all that apply:			
	_	or sq ft (no fee)		
Gr	ower Information			
1. Business Name:				
2.	Hemp Registration Number:	-IHG		
3.	Grow Site Name:			
4.	Grow Site Address:	City, State. ZIP:		
5.	Current Contact Information			
	Main Contact Name:	Phone:		
	Mailing Address:			
	City, State, Zip:	Email:		
6.	New Contact Information			
	Main Contact Name:	Phone:		
	Mailing Address:			
	City, State, Zip:	Email:		
Ch	eck Appropriate Change of Status Action			
	Add or increase size of production area (fee required) Reduce acres or sq ft. or Remove production area			
	List each production area individually Production Area Name (limit to 10 characters):			
Latitude: Longitude:		tude:		
Area: Field Number of Acres or Greenhouse / Indoor: Square Feet: Intended Use (check all that apply): Flower Seed (other) Seed (self-use)				
	Other (please specify):			

Ο.	Check Appropriate Change of Status Action:			
	Add or increase size of production area (fee required) Reduce acres or sq ft or Remove production area			
	List each production area individually Production Area Name (limit to 10 characters):			
	Latitude: Longitude:			
	Area: Field Number of Acres or Greenhouse / Indoor: Square Feet:			
	Intended Use (check all that apply): Flower Seed (other) Seed (self-use)			
	Fiber Biomass Propagation (self-use) Propagation (other)			
	Other (please specify):			
9.	Check Appropriate Change of Status Action:			
	Add or increase size of production area (fee required) Reduce acres or sq ft or Remove production area			
	List each production area individually Production Area Name (limit to 10 characters):			
	Latitude: Longitude:			
	Area: Field Number of Acres or Greenhouse / Indoor: Square Feet:			
	Intended Use (check all that apply): Flower Seed (other) Seed (self-use)			
	Fiber Biomass Propagation (self-use) Propagation (other)			
	Other (please specify):			

Fee and Payment Information					
Hemp Change Form	FEE \$125	FEES SUBMITTED \$			
For checks or money orders,		For credit card charges, n	nail or fax to:		
mail (USPS only) to:		Oregon Department of Agri	oulturo.		
Oregon Department of Agriculture		635 Capitol St. NE, Suite 10			
PO Box 4395, Unit 17		Salem, OR 97301-2532			
Portland, OR 97208-4395		Secure Fax: (503) 986-47	46		
		DO NOT EMAIL CREDIT CAR			
All dishonored checks or electronic payr	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 opposite an email address: or a fax number:	credit card pay	ments ONLY. If you would lik	e to receive a receipt,		
Registration change will r	not be issued u		llowing information:		
Name of Cardholder		Phone			
Address of Cardholder		City	Zip		
Signature:		Total Charges: \$			
Card Number: /	//_	Expiration Date:	/		

DO NOT EMAIL CREDIT CARD INFORMATION

Keep a copy of this application and all other records associated with your hemp business as required by Oregon Administrative Rule for three years from disposition of crop.