



Hemp Grower Change Instructional Form
(Do not attach this instructional form with your change form)

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

Contact Name John Smith Telephone No. 503-986-4652

Mailing Address 635 Capitol St NE Cell Phone No. _____

City, State, Zip Salem, OR 97301 Email hemp@oda.state.or.us

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 11 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 John Smith 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