



Hemp Key Participant Change of Status Report Form

License Information

Hemp License No. AG-_____ (If applicable)

Contact Name _____

Business Name _____ Telephone No. _____

Mailing Address _____ Cell Phone No. _____

City, State, Zip _____ Email. _____

Updated Key Participants

(Please note there is a \$75 fee for each new Key Participant)

Add Key Participant Remove Key Participant

Name _____ Title _____ Phone _____ DOB _____

Add Key Participant Remove Key Participant

Name _____ Title _____ Phone _____ DOB _____

Add Key Participant Remove Key Participant

Name _____ Title _____ Phone _____ DOB _____

Add Key Participant Remove Key Participant

Name _____ Title _____ Phone _____ DOB _____

Add Key Participant Remove Key Participant

Name _____ Title _____ Phone _____ DOB _____

Add Key Participant Remove Key Participant

Name _____ Title _____ Phone _____ DOB _____

Signature _____ **Date** _____

(This needs to be signed by a current Key Participant)

Submit this form as soon as possible following any changes.

Please note any change in ownership that is 51% or greater requires a new application and application fees, please see OAR 603-048-0400 (3)(d) for complete requirements.

Key Participant Fee _____ X \$75 each. Balance Due \$ _____

Please include a copy of this document with your payment to assure your payment is applied correctly.

<u>For Checks or Money Orders, mail to:</u> Oregon Department of Agriculture PO Box 4395 Unit 17 Portland, OR 97208-4395	<u>For Credit Card Charges, complete below and mail or fax to:</u> Oregon Department of Agriculture 635 Capitol St. NE Salem, OR 97301-2532	Secure Fax: (503) 986-4746 Visa or MasterCard Accepted
Make checks payable to: Oregon Department of Agriculture . All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701.		
Name of Cardholder: _____	Phone: _____	
Address of Cardholder: _____	City: _____	State: ____ Zip: _____
Email receipt available for credit card payments <u>ONLY</u> . Print Email address: _____		
Signature: _____	Date: _____	Total Charges: \$ _____
Card Number: _____ / _____ / _____ / _____ / Expiration Date : _____ / _____		