



**INDUSTRIAL HEMP APPLICATION TO AMEND
 REGISTERED CONTACT/BUSINESS/KEY
 PARTICIPANT INFORMATION**

Registration #: _____	Request to Amend: <input type="checkbox"/> Contact Information <input type="checkbox"/> Business Information <input type="checkbox"/> Key Participant Information
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REGISTRANT INFORMATION

Registrant Name (Last, First, Middle Initial or entity name): _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Primary Contact Name (Last, First, Middle Initial): <input type="checkbox"/> Same as applicant		
Phone Number: _____	Email (optional): _____	

BUSINESS INFORMATION

Business Name: <input type="checkbox"/> Same as applicant	
DBA ("doing business as") Names: _____	
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other:	EIN: _____
Principal Business Address: <input type="checkbox"/> Same as mailing address	
City: _____	State: _____ Zip: _____

KEY PARTICIPANT INFORMATION

Full Name (Last, First Middle Initial)	Business Title	Criminal History Report	Amendment Type	County Use Only
		<input type="checkbox"/> Attached <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		<input type="checkbox"/> Attached <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		<input type="checkbox"/> Attached <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Additional Key Participants attached

SUBMIT APPLICATION TO COUNTY AGRICULTURAL COMMISSIONER:
County of
Agricultural Commissioner's Office

By signing below, I hereby certify that:

- The information submitted on this application is true and correct to the best of my knowledge and belief.
- I will comply with all requirements outlined in Division 24 of California Food and Agricultural Code and in Title 3 of California Code of Regulations.

Signature	Print Name and Title	Date
Date Received: _____	Reg. #: _____	Amendment #: _____
		Reviewed by: _____

Registrant Name:

**INDUSTRIAL HEMP REGISTRATION
 SUPPLEMENTAL FORM TO AMEND
 ADDITIONAL REGISTERED KEY PARTICIPANTS**

KEY PARTICIPANT INFORMATION

Full Name (Last, First Middle Initial)	Business Title	Criminal History Report	Amendment Type	County Use Only
		<input type="checkbox"/> Attached <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		<input type="checkbox"/> Attached <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
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		<input type="checkbox"/> Attached <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
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		<input type="checkbox"/> Attached <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
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		<input type="checkbox"/> Attached <input type="checkbox"/> FBI via Email <input type="checkbox"/> FBI via Mail	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

County Use Only:

INDUSTRIAL HEMP APPLICATION TO AMEND REGISTERED CONTACT/BUSINESS/KEY PARTICIPANT INFORMATION INSTRUCTIONS

APPLICATION INSTRUCTIONS

Registrant must complete all fields in the section(s) to be amended. All information provided must be complete, legible, and accurate. Any incomplete section or illegible information may delay the processing of the amendment to the registration.

Registration Number

Registrant must provide a valid registration number.

Request to Amend Registration

Registrant must check the corresponding box(es) next to section(s) to be amended.

Registrant Information

Registrant must complete all sections, regardless if there was a change in the contact information or not. Email is optional.

Business Information

Registrant must complete all sections to amend any registered business information.

- **Business Name** is the business entity that participates in the cultivation of industrial hemp.
- List all names of **DBAs** ("doing business as") that are related to the business entity pertaining to industrial hemp cultivation.
- Indicate the **Business Type** for the entity.
- Provide the **EIN** (employer tax identification number) pertaining to the entity.
- **Principal Business Address** pertains to the business entity listed in Business Name section. The address cannot be a P.O. Box.

Key Participant Information

Registrant must list the **Full Name** and **Business Title** for key participant(s) to be added or removed. Key participant includes a sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation/entity producing industrial hemp. Additional key participants to be added or removed must be listed on the supplemental form.

A **Criminal History Report** must be submitted for each new key participant in accordance with Section 4902(b)(1) in Title 3 of the California Code of Regulations (CCR). The criminal history report must be dated within 60 calendar days of the submission of the *Industrial Hemp Application to Amend Registered Contact/Business/Key Participant Information*. The registrant must indicate whether the criminal history report is attached with the application or will be provided through email or mail from Federal Bureau of Investigation (FBI).

OTHER REGISTRATION AMENDMENTS

Registrants must request, prior to planting, for any changes or alterations to the cultivation site(s) and/or approved cultivar(s) to the commissioner in accordance with 3 CCR Section 4901(c)(2). The registrant must complete the [Industrial Hemp Application to Amend Registered Site/Cultivar/Plan](#).

Any changes to the registrant require a new application and registration fee prior to planting.

ALTERNATIVE FORMATS

This application can be made available in alternative formats for visual or hearing-impaired individuals. Please contact the California Department of Food and Agriculture (916-654-0435 or industrialhemp@cdfa.ca.gov) to request the application in an alternative format. Please allow 7-10 working days for production of the alternative format. Requests for an alternative format may be sent to the address and telephone number below.

If you have additional questions, please contact the County Agricultural Commissioner's office.

County of
Agricultural Commissioner's Office