

Alaska Department of Natural Resources
 Division of Agriculture
 Plant Materials Center
 5310 S. Bodenburg Spur
 Palmer, AK 99645
 PHONE: (907) 745-4469 FAX: (907) 746-1568



This application is for a 1-year HEMP GROWER REGISTRATION. Non-refundable Application Fee: \$100
 Mail to: Attn: Hemp Program 5310 S. Bodenburg Spur, Palmer, AK 99645, or Email to: industrialhemp@alaska.gov

Please include with this application all required fees, maps, and background check(s). An applicant is not authorized to grow or cultivate hemp until it has received the approval notice with registration number from the Division.

Background Checks are required annually for the primary applicant to determine eligibility under 7 CFR 990.6(e)(1) and as required and defined in AS 03.05.076(a)(3)(A). The report must be dated within 60 days of the application date. **A grower registration approval will not be issued until a background check report is submitted.**

Within 10 days of planting, you will need to contact a local Farm Service Agency office to set up a farm profile, file a crop acreage report (FSA-578 form), and obtain an FSA Lot Number for **each** lot (contiguous planting of 1 variety) where hemp was planted, indoors or outdoors. The deadline for crop reporting is August 15th. More information on obtaining FSA lot numbers can be found at: <https://www.farmers.gov/working-with-us/crop-acreage-reports>

The registered grower must have the FSA lot numbers prior to scheduling THC compliance sampling with the Division. A planting report is due to the Division within 20 days after the hemp was planted and the FSA lot numbers must be used to label hemp lots on the planting report.

1. Business Information.

☐ New Application ☐ Renewal

Business Name: _____

Federal EIN : _____ Licensed by the State ☐ Yes ☐ No

Business License # _____ Owners as identified on license: _____

Ownership Structure: ☐ LLC ☐ Corporation ☐ Partnership ☐ Sole proprietorship ☐ Other, If other please list _____

Business Mailing Address _____

Business Physical Address _____

2. Applicant Name and Contact Information.

Primary Contact:

Title: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Optional Secondary Contact:

Title: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

3. Key Participants. Include contact information for all partners and/or individuals with executive managerial control such as chief executive officer, chief operating officer, or chief financial officer. Attach pages if needed.

<p>a) Contact Name: _____</p> <p>Title: _____</p> <p>Email: _____</p> <p>Phone Number: _____</p>	<p>b) Contact Name: _____</p> <p>Title: _____</p> <p>Email: _____</p> <p>Phone Number: _____</p>
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4. Business Focus.

Check all that apply.

☐ Fiber.....

☐ Grain/food products (ex: hempseed oil).....

☐ CBD Hemp Growing.....

☐ Cannabinoids (extraction).....

☐ Cannabinoids (smokable flower).....

☐ Other: _____

5. Locations. (attach [Additional Locations](#) as necessary)

Each indoor and outdoor location must be registered separately even if located at the same address.

Submit with this application maps displaying site boundaries, roads, and access points for each separate growing/storage site.

Site 1:

Outdoor: _____ acres **OR** Indoor: _____ square feet

Site Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Borough: _____

Please provide the [GPS coordinates](#) from the center of the field/building in decimal format:

Example: 42.734537, -73.817688

Latitude: _____ Longitude: _____

I confirm that I have control over this property through:

☐ Ownership ☐ Lease agreement

Site 2:

Outdoor: _____ acres **OR** Indoor: _____ square feet

Site Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Borough: _____

Please provide the [GPS coordinates](#) from the center of the field/building in decimal format:

Example: 42.734537, -73.817688

Latitude: _____ Longitude: _____

I confirm that I have control over this property through:

☐ Ownership ☐ Lease agreement

6. Seed Source and Varieties. (attach additional sheets as necessary)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Varieties: _____

7. Criminal History.

Has the person responsible for management of hemp or any officer, director, stockholder, or person with executive managerial control over the entity seeking a license been convicted of a drug-related felony in any court of the U.S. or any state or territory in the past 10 years?

If yes, please explain.

☐ YES

☐ NO

By signing below, I attest that under penalty of unsworn falsification that 1) the application is true, correct, and complete; 2) the signatory has authority to bind the applicant; 3) the applicant has read and is familiar with AS 03.05.010, 03.05.076 – 03.05.100, and this chapter; and 4) the applicant has not been convicted of a felony described in AS 03.05.076(a)(3)(A) or (B). I understand that if the Division later determines that any of this information to be false or inaccurate, the registration may be suspended or revoked.

I understand that before a grower registration will be approved Alaska law requires the primary applicant to obtain a background check (criminal history report) in accordance with 7 CFR 990.6(e)(1) and AS 03.05.076(a)(3)(A) ☐ Yes ☐ No

I understand that I am required to report my hemp crop acreage to the Farm Service Agency (FSA) within 10 days of planting. ☐ Yes ☐ No

I understand that FSA issued lot numbers will be required by the division when performing on-site hemp sampling and testing for THC compliance. ☐ Yes ☐ No

I understand that a planting report must be submitted not later than 20 days after planting. Registrants must enter in the "FSA number" on the division Planting Reports for each lot of hemp. ☐ Yes ☐ No

Name (print): _____ Date: _____

Signature: _____

Business Name: _____