



**INDUSTRIAL HEMP PROGRAM**  
**SITE MODIFICATION NOTIFICATION**

Dept. Use Only		
Date Received: _____	Received by: _____	Date Accepted: _____
Correct Maps Included <input type="checkbox"/>		License No: _____
Check No: _____	Line No: _____	Amount Collected: _____

This form must be completed when there is a modification to a registered site(s) during the licensing period. There is an associated site modification fee of \$300 per form. Please make all checks or money orders payable to **Arizona Department of Agriculture**.

**LICENSEE INFORMATION**

License Number:	
Company Name:	
First Name:	
Last Name:	
Phone Number:	
Email:	

Note the Following:

- GPS coordinates for each field and building shall be provided, in decimal degrees, to at least five decimal places (for example, 33.54321).
- A map is required of each location that is added and include all items listed in the *Instructions for Creating Maps*.
- Location IDs used in the tables MUST be consistent on all future report forms.
- A unique Location ID name must be supplied for location. Location ID names must be unique in nature and not repeated in your operation.

<input type="checkbox"/> Grower		<input type="checkbox"/> Harvester		<input type="checkbox"/> Transporter		<input type="checkbox"/> Processor		<input type="checkbox"/> Nursery	
Location ID:					<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor (Nursery/ Grower License Only)				
<input type="checkbox"/> Adding Location					<input type="checkbox"/> Amending Current Location				
Physical Address/Major Crossroads:									
City:			State:			Zip:		County:	
Township:			Range:			Section:			
GPS: Latitude EX: 33.449517			GPS: Longitude EX: -112.095899			Area <input type="checkbox"/> Acres <input type="checkbox"/> Sq. Ft.			
Is this a mobile unit's base of operation? (Processor License Only)							<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, how many units?									



**ARIZONA DEPARTMENT OF AGRICULTURE**  
**PLANT SERVICES DIVISION - INDUSTRIAL HEMP PROGRAM**  
 1688 W. ADAMS ST., PHOENIX, AZ 85007  
 602-542-0955  
 azhemp@azda.gov

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Is this a mobile unit's base of operation? (Processor License Only)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many units?			

If reporting more than 3 site modifications, please submit another "Site Modification Notification".

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

For questions or assistance, please call (602) 542-0955 or send an email to [azhemp@azda.gov](mailto:azhemp@azda.gov).