



COLORADO
Department of Agriculture
 Division of Plant Industry

For CDA Office Use Only

Registration Number

Payment Info: 6580

Amount Paid \$

Payment Type

Last 4

CR#

COMMERCIAL INDUSTRIAL HEMP PROGRAM APPLICATION

Completely fill in the information requested. Incomplete applications will cause delays in processing.
 Need help? Use the [Step-By-Step Instructions](#) which can be found on the Industrial Hemp web page.
 For a guided application and faster processing times you may [Apply Online](#) instead.

Step 1. Choose option A or B below.

A) REGISTERING AS A BUSINESS

The business or trade name should be in good standing with the [Colorado Secretary of State](#) (SOS) or your state of residence. Please write the business name as registered with the SOS.

Business Type ☐ Corporation ☐ S-Corp ☐ LLC ☐ Partnership ☐ Co-Op ☐ Trade Name

Business Name _____
This will be the name that appears on your registration

Business ID Number assigned by Colorado Secretary of State _____

If out of state, please indicate in which state your business is registered _____
 (Include a copy of the alternative State's business registration certificate.)

Business Federal EIN Number _____

B) REGISTERING AS AN INDIVIDUAL/SOLE PROPRIETOR

You will also need to complete and submit attached [citizenship verification form](#).

Individual's/Sole Proprietor Name _____
This will be the name that appears on your registration

Set a Main Contact

This person can be different from applicant or owner(s) and will be our first contact for all communications. Any change in contact information must be submitted within 10 days.

Name _____ Title _____

Phone _____ Mobile Phone _____

Email _____

Is this person an officer, director, member, partner or owner of at least 10% of the entity or any other person who has managing or controlling authority over the entity? ☐ Yes No ☐

Business Mailing Address _____

City _____ State _____ Zip Code _____

Step 2. Identifying Authorized Persons and Controlling Authority

CDA will only provide information to those authorized below. You must also identify each member or entity owner of at least 10% AND any other person who has authority over the entity. Please note* The CDA cannot remove controlling authorities from the file without legal documentation once they have been identified on this application.

Any change in contact information must be submitted within 10 days.

Please write clearly!

Name _____ Title _____

Phone _____ Email _____

Is this person an officer, director, member, partner or owner of at least 10% of the entity or any other person who has managing or controlling authority over the entity? ☐ Yes ☐ No

Name _____ Title _____

Phone _____ Email _____

Is this person an officer, director, member, partner or owner of at least 10% of the entity or any other person who has managing or controlling authority over the entity? ☐ Yes ☐ No

Name _____ Title _____

Phone _____ Email _____

Is this person an officer, director, member, partner or owner of at least 10% of the entity or any other person who has managing or controlling authority over the entity? ☐ Yes ☐ No

Name _____ Title _____

Phone _____ Email _____

Is this person an officer, director, member, partner or owner of at least 10% of the entity or any other person who has managing or controlling authority over the entity? ☐ Yes ☐ No

Name _____ Title _____

Phone _____ Email _____

Is this person an officer, director, member, partner or owner of at least 10% of the entity or any other person who has managing or controlling authority over the entity? ☐ Yes ☐ No

Name _____ Title _____

Phone _____ Email _____

Is this person an officer, director, member, partner or owner of at least 10% of the entity or any other person who has managing or controlling authority over the entity? ☐ Yes ☐ No

Use additional sheets, if necessary.

Step 3. Registered Land Area

Describe the land area on which you plan to engage in Industrial Hemp cultivation. This area may include land and buildings you are not using for cultivation.

For additional guidance use the [Step-By-Step Instructions](#) which can be found on the Industrial Hemp web page.

A) PHYSICAL ADDRESS

This is the address printed on your registration and must be descriptive enough to differentiate it from another location. If there is not a physical address, then please see step-by-step instructions for guidance.

Do not enter a Lot #, or TBD.

Physical Address _____
 City _____ State CO Zip Code _____
 County _____

B) REGISTERED LAND AREA DIMENSIONS

This can be different than the dimensions of the property the land area you register sits on if you are not registering the entire property. All areas must be contiguous/connected within one boundary line or registered separately. Include all outdoor area to register in your total acreage, and all indoor hoop houses, greenhouses, or any other indoor space in your total square feet.

Exact Outdoor Acres
to Register

Example: 1.5 acres

Exact Indoor Square Feet
to Register

Example 1500 sq. ft.

C) GPS COORDINATES

Enter GPS coordinates, in decimal degree format, taken at the approximate center of the Registered Land Area.

For help finding your GPS Coordinates see [Step by Step Instructions](#) or [Page 1 of the Mapping Guide](#) on our webpage.

Decimal Degree Example: (**No!** 23°8'41.99 **Yes!** 39.918298)

To convert your GPS Coordinates to decimal degrees from degree notation please visit OnlineConversion.com

GPS coordinates of center point

Latitude

Example: 39.918298

Longitude

Example: -105.112165

D) TOWNSHIP/RANGE/SECTION

Go to www.earthpoint.us/TownshipsSearchByLatLon.aspx and enter the GPS coordinates from section 3C to get your Township, Section and Range.

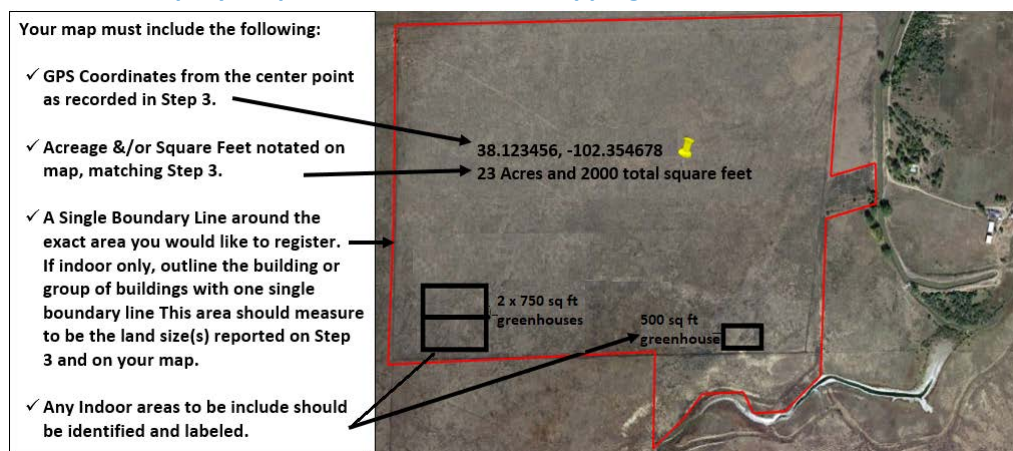
| | | |
|-------------------------------------|-----------------------------------|------------------------------------|
| Township (T) <i>Example: T1S</i> | Range (R) <i>Example: R69W</i> | Section (S) <i>Example: S33</i> |
|-------------------------------------|-----------------------------------|------------------------------------|

Step 4. Registered Land Area Map

Attach a copy of your map to this application. Identify and label on your map all indoor hoop houses, greenhouses, or any buildings used for cultivation. This information should match information reported in Step 3.

Your mapped acreage and square feet must measure to match what is declared in Step 3B.

For additional guidance, use [Step-By-Step Instructions](#) or [The Mapping Guide](#) found on the Industrial Hemp web page.



Step 5. Inclusions

I/The Applicant(s) have the legal authority to grow hemp on this land area. *Applicant with legal Authority Initial Here:* _____

A) Is this land area currently registered? ☐ Yes ☐ No **If Yes**, check an option below.

- 1) ☐ Keep the current registration open until it expires. Issue the new registration when the current registration expires.
- 2) ☐ Close the current registration. Issue new registration upon approval of application. Current Registrant must sign below.

Amendment to Close

You must be listed as someone with legal authority on the existing registration for this land area to sign here.

If you are not, then you will need to contact the current registrant to request that they submit an Amendment to Close prior to approval of this application. The form can be found on the Industrial Hemp web page.

To prevent having the same Registered Land Area included in more than one registration at the same time, I hereby request that the Colorado Department of Agriculture close the following registration(s) upon issuance of the registration set forth in this application.

Name on previous registration _____

Registration # _____ Expiration Date _____

Authorized Agent printed name _____

Authorized Agent signature _____

B) Is industrial hemp, whether volunteer or otherwise, growing on the land area identified in this application? If yes, choose one option below ☐ Yes ☐ No

☐ Destroy all existing hemp within 10 days

☐ Include a [Hemp Material Inclusion Form \(attached Appendix A\)](#)

C) Reporting Requirements: ***Failure to submit reports according to the following timelines may result in fines and penalties):

I have included a [Pre-planting report \(attached Appendix B\)](#).

Initial Here _____

As required by rule, I agree to submit a Planting Report within 10 days after planting.

Initial Here _____

As required by Rule, I agree to submit a Harvest Report at least 30 days PRIOR to Harvest.

Initial Here _____

Step 7. Sign your application

Total Δ9-THC = Δ9-THC + (0.877 x Δ9-THCA). For information on our testing procedures please see our website.

Date

Step 8. Submit your Application and Payment

What to Expect Next

Step 9. Payment Method (Choose One)

Please enter the information below and choose a payment method.

Enter Business or Sole Proprietor name from Page 1 of the application

Phone Number for Account Holder

Email for receipt

Total Amount Due (from Section 6) to be charged to account below

CREDIT CARD PAYMENT

Type of Credit Card ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: _____ Expiration Date: _____ 3 Digit Security Code: _____

Name as it appears on the card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

By signing below, I agree that CDA will charge the credit card above the full application amount. In addition, I agree to pay **an additional non-refundable 2.25%** of the total amount due to cover the cost of the credit card transaction and a one-time non-refundable processing fee of \$0.75.

Signature _____ Date _____

ELECTRONIC CHECK (ECHECK) PAYMENT*

Some banks put fraud filters on bank accounts to prevent fraudulent charges. Please make sure your bank accepts e-check payments to ensure your payment is successfully processed. The bank may ask for CDA's Originator ID, which is **1522077581**.

Type of Account ☐ Personal Checking ☐ Personal Savings ☐ Business Checking ☐ Business Savings

9 Digit Routing Number

Account Number

Name as it appears on the account

Billing Address

City

State

Zip Code

By signing below, I agree that CDA will charge the account above the full application amount. In addition, I understand there is an additional non-refundable **processing fee of \$1.00**

Signature

Date

Citizenship VerificationONLY REQUIRED FROM INDIVIDUAL/SOLE PROPRIETOR APPLICANTS.
NOT FOR BUSINESS APPLICANTS

All state agencies are required to verify the lawful presence in the United States of all individuals and individuals doing business as sole proprietors who apply for certain public benefits including the license, permit or registration for which you are applying. (Colorado Revised Statutes section 24-76.5-103)

STEP 1- CHECK AN OPTION, PROVIDE PERSONAL INFORMATION AND SIGN THE AFFIRMATION.

I swear and affirm under penalty of perjury under the laws of the State of Colorado that the information I have provided on this form is complete and accurate and **(CHECK ONE OPTION BELOW)**:

- (A) ☐ I am a United States Citizen
- (B) ☐ I am a permanent resident of the United States
- (C) ☐ I am lawfully present in the United States pursuant to federal law

AND I understand that this sworn statement is required by law because I have applied for a public benefit that is subject to Colorado Revised Statutes section 24-76.5-103. I understand that this state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I understand that if I am not a United States citizen this law requires the Colorado Department of Agriculture ("CDA") to verify my lawful presence in the United States through the federal Department of Homeland Security ("DHS") Citizenship and Immigration Services ("CIS") Systematic Alien Verification of Entitlement Program. I hereby authorize DHS/CIS to provide CDA with information related to my immigration status. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute section 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

| | | |
|--|---|----------------|
| Applicant Signature | | Signature Date |
| First Name of Individual/Sole proprietor | Last Name of Individual/Sole proprietor | Date of Birth |
| Provide Business name, if different | | |

STEP 2- PROVIDE DOCUMENTATION OF YOUR LAWFUL PRESENCE IN THE UNITED STATES.**ENTER YOUR VALID COLORADO DRIVER'S LICENSE OR ID CARD NUMBER**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| # | # | - | # | # | # | - | # | # | # | # |
|---|---|---|---|---|---|---|---|---|---|---|

OR**CHOOSE ONE OF THE FOLLOWING AND PROVIDE A COPY OF THE DOCUMENT.**

- | | |
|---|--|
| <input type="checkbox"/> Valid Driver's License OR ID card from any state EXCEPT the following which do not verify lawful presence: Illinois, Maryland, Nebraska, and New Mexico. | <input type="checkbox"/> Birth Certificate with |
| <input type="checkbox"/> Valid Out-of-State Driver's License OR Identification card with Enhancement indicator | <input type="checkbox"/> US Coast Guard Merchant Mariner card |
| <input type="checkbox"/> Valid US passport | <input type="checkbox"/> US Military Identification card OR Military Dependent's Military ID card |
| <input type="checkbox"/> Valid Foreign Passport with Photo AND valid US Visa AND I-94 | <input type="checkbox"/> Certificate of Citizenship with photo (less than 20 years old) |
| <input type="checkbox"/> Valid Employee Authorization Document/Temporary Resident | <input type="checkbox"/> Native American Tribal Identification Document |
| <input type="checkbox"/> Refugee/Asylee I-94 with photo | <input type="checkbox"/> Valid I-551 permanent resident card |

If you do not have any of these documents, please contact us at 303.869.9000 for additional options to verify your lawful presence in the US.

FOR COLORADO DEPARTMENT OF AGRICULTURE OFFICE USE ONLY

IF LICENSE IS ISSUED:

Print CDA Employee Name

I, _____ hereby state that I have personally verified the following information:

- ☐ Colorado Driver's License or ID Card
- ☐ Driver's license or ID card from an approved state (specify):
- ☐ Out-of-State Driver's License OR Identification card with Enhancement indicator
- ☐ US Coast Guard Merchant Mariner card
- ☐ US Military Identification card OR Military Dependent's Military ID card
- ☐ Valid US passport
- ☐ Native American Tribal Identification Document
- ☐ Certificate of Citizenship with photo (less than 20 years old)
- ☐ Valid Foreign Passport with Photo AND valid US Visa AND I-94 verified through SAVE
- ☐ Valid Employee Authorization Document/Temporary Resident verified through SAVE
- ☐ Refugee/Asylee I-94 with photo verified through SAVE
- ☐ Valid I-551 permanent resident card verified through SAVE
- ☐ Other documents as approved by the Department of Revenue- Motor Vehicles. Specify the document or combination of documents provided.

by the following method:

- ☐ Visually inspecting the document
 ☐ Verifying CO license or ID number with the DMV
 ☐ Verifying the applicant's DMV Benefit Waiver
 ☐ Verifying the document(s) through the SAVE program

CDA Employee Signature

Date

IF LICENSE IS NOT ACCEPTED:

Print CDA Employees Name

I, _____, hereby state that I was not able to verify the applicant's lawful presence in the US for the following reason:

- ☐ Applicant did not provide the required documentation
 ☐ Information on the documentation provided was not complete or accurate
 ☐ Other reason, please provide details

CDA Employee Signature

Date



Revised Feb 2019

APPENDIX A

Industrial Hemp Material Declaration for Inclusion

To be submitted only if there is Industrial Hemp currently growing on the SAME land area identified in this application under an existing, valid, registration that will be closed or expiring prior to harvest of that plant material.

This form is for the express purpose of declaring Industrial Hemp for which a planting report has already been submitted under an existing registration for this same land area, and is still currently growing, *but will not be harvested before* the previous registration *for this same land area* expires. Industrial Hemp plant material submitted on this form at the time of application will be included in the new registration.

This Report is due with the new registration application.

This form should NOT be used for plant material acquired from a different location, source, or registered land area, other than the land area that is identified in this application.

Previous Registration Number (*for this same land area*) under which the plant material was planted: _____ (Required)

Registered Name under which this land area was previously registered: _____ (Required)

Primary Contact Name: _____

Mailing Address: _____

City _____ State _____ Zip Code: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Varieties/Cultivar

In the table(s) below please provide; the variety name, acreage &/or square feet planted and a description of each unique location where it is currently planted, and the GPS coordinates for that location. (Use additional Sheets if Necessary)

MAP: In addition to the map required with the application, provide a separate map showing the existing variety locations. See Page 2.

| Indoor Variety | Square Feet | Description Of Location ; i.e. 1000 sq ft greenhouse, 100 sq ft shed in NW corner... Provide enough detail to clearly define location. | GPS Coordinates: Latitude and Longitude in <i>decimal degree format</i> from center of varietal grow area |
|----------------|-------------|---|--|
| | | | |
| | | | |
| | | | |

| Outdoor Variety | Square Feet | Description Of Location ; i.e. 1000 sq ft greenhouse, 100 sq ft shed in NW corner... Provide enough detail to clearly define location. | GPS Coordinates: Latitude and Longitude in <i>decimal degree format</i> from center of varietal grow area |
|-----------------|-------------|---|--|
| | | | |
| | | | |
| | | | |

APPENDIX A (page 2)

Industrial Hemp Material Declaration for Inclusion

To be submitted ONLY if there is Industrial Hemp currently growing on the land area identified in this application. This form is for the express purpose of declaring Industrial Hemp where a planting report has been submitted, but that the plant material will not be harvested before the previous registration for this same land area expires. Industrial Hemp plant material submitted on this form at the time of application will be included in the new registration.

Map:

PLEASE WRITE "INCLUSION FORM MAP" on the top of the map in order to differentiate it from the application map.

This map will show planting locations and different variety locations, whereas, the application map should not be broken down into sections. Use a separate sheet to provide a map of the Registered Land Area showing the boundaries of the entire grow area, dimensions/size of the cultivation area, clearly delineating the location of each existing variety within the Registered Land Area.

I _____ (print name), as _____ (Title of Officer if not sole proprietorship) verify that the enclosed list is all inclusive of the Cannabis material which was not harvested in the previous registration period and should be included in the subsequent registration for this Registered Land Area.

Signature: _____ Date: _____

APPENDIX B PRE-PLANTING REPORT



Under Rule 3.1 Registrants are required to submit a pre-planting report, prior to planting.
 This is a "planning" report and only required ONCE per registration period. Not prior to each planting.

Providing the information below on this form and submitting it with this application fulfills the PRE-Planting Report requirement.

****Your intended varieties and intended use can change from what is reported here.****

You will report those changes, and show what you actually end up planting, on your Planting Report within 10 days of planting. No updated Pre-Planting report is required if the details below change prior to when you plant.

Read the following **important notice** and then enter initials.

I understand that in addition to this **PRE-Planting report**, **A Planting Report is required within 10 days after planting and a Harvest Report is required at least 30 days prior to Harvest.** I also understand that failure to submit these required reports within the required timelines can result in fines and penalties. **Initial here** _____

Intended Varieties:

VARIETY NAME _____

VARIETY NAME _____

VARIETY NAME _____

VARIETY NAME _____

(USE ADDITIONAL SHEETS IF NECESSARY)

Statement of Intended End Use

Please check off your intended end use for all plants grown under this registration. (Check all that apply)

Animal Bedding _____ BioFuel _____ CBD Extraction _____ Cloning _____ Compost _____ Cosmetic/beauty _____

Cultivars _____ Dietary Supplements _____ DNA Sequencing/genetics _____ Fiber _____ Food/Drink additive _____

Grain _____ Hempcrete _____ Insulation _____ Phytoremediation _____ Seed For Planting _____ Seed Stock _____

Other (Please Explain) _____

I _____ (Print Name), as _____ (Title of Officer, if not Sole Proprietor)

Verify that the material and purposes listed in the pre-planting reports are accurate and true to the best of my knowledge.

Signature: _____

Date: _____