



DELAWARE DEPARTMENT OF  
**AGRICULTURE**

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## DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM PRODUCER APPLICATION

Under the Delaware Domestic Hemp Production Program, producers are required by the Department to complete a Producer Application and Annual Growing Site Registration. New applications and renewals must be submitted between November 1 and February 1. Licenses are valid until December 31 of the third year after the certificate was initially issued, unless otherwise revoked. Annual Growing Site Registrations must be submitted annually no later than February 1.

### APPLICANT INFORMATION

<b>Current Hemp License Number (if applicable)</b>		
<b>Name: (Last, First, Middle)</b>		
<b>State / Driver's License Number:</b>		
<b>Phone:</b>		
<b>Email:</b>		
<b>Mailing Address:</b>		<b>City, State, Zip Code</b>
<b>Business Name: (if applicable)</b>		<b>EIN Number:</b>
<b>Business Address:</b>		
<input type="checkbox"/> Submitted Application for State and Federal Criminal History Reports. The confirmation email is attached.		
<input type="checkbox"/> Growing Site Registration is attached.		
<input type="checkbox"/> \$300 Application fee to the Delaware Department of Agriculture attached.		

Please Note: The Delaware Department of Agriculture cannot advise that a viable market will exist for any producer of hemp to sell their crop. The Delaware Department of Agriculture does not hold any responsibility for ensuring an end market for hemp or hemp products exists and does not take any responsibility for any losses incurred by the producer.

## ADDITIONAL INFORMATION

<b>Nutrient Management Certification Number: Required for 10 acres or more.</b>		
<b>Nutrient Management Consultant Name:</b>		<b>Number:</b>
<b>Contact Information for Authorized Representative</b>		
<b>Name:</b>		
<b>State / Driver's License Number:</b>		
<b>Phone:</b>		
<b>Email:</b>		

## PROGRAM ACKNOWLEDGMENTS

(PLEASE INITIAL) \_\_\_\_\_ I acknowledge that the information provided in the Annual Growing Site Registration Form expires on February 1 next year.

(PLEASE INITIAL) \_\_\_\_\_ I acknowledge that the information provided in the Producer Application expires December 31 of the year that is three years after the license is issued, unless otherwise revoked.

(PLEASE INITIAL) \_\_\_\_\_ I acknowledge that by registering with the Department, I agree to allow the Department to inspect and sample cannabis plants for regulatory testing before harvest.

(PLEASE INITIAL) \_\_\_\_\_ I have read the Site Registration Form and understand the requirements detailed. I agree to hold harmless and release the state of Delaware, its officers, employees, contractors, or agents from any and all claims, actions, suits, damages, judgments, attorney's fees, or prosecution of any kind that may arise due to my cultivation of *Cannabis sativa* (L) conducted under the authority of this state registration requirement administered by the Department.

(PLEASE INITIAL) \_\_\_\_\_ I agree to monitor the site(s) identified in the Annual Growing Site Registration and the surrounding area for volunteer or feral hemp plants for three years and to immediately destroy volunteer or feral hemp plants in the areas identified above at my own cost and expense.

(PLEASE INITIAL) \_\_\_\_\_ I affirm that the hemp seeds obtained for planting are THC Compliant (a type and variety that do not exceed the maximum concentration of tetrahydrocannabinol of no more than 0.3 percent on a dry weight basis).

(PLEASE INITIAL) \_\_\_\_\_ I affirm all the information contained in this application is true and accurate. I understand that if the Department later determines any of this information to be inaccurate that the application and registration may be withheld or terminated. If the Department has issued a license, it may be revoked.

(PLEASE INITIAL) \_\_\_\_\_ I affirm that landowners of registered sites have been notified of my intent to grow hemp, as indicated by signature on the Annual Growing Site Registration.

(PLEASE INITIAL) \_\_\_\_\_ I acknowledge that I have read and understand 3 Del. Code § 805 Rules and Regulations for Delaware Domestic Hemp Production Program, and I am subject to the provisions listed in the regulations.

### Applicant's Name

Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_