



DELAWARE DEPARTMENT OF
AGRICULTURE

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Hemp Processor Registration Form 2019 Season

A Processor Registration is required for processing hemp in Delaware. Processing means to treat or transform harvested hemp from its natural state for distribution in commerce. Submitting this form indicates intent to register a facility to process hemp products that do not contain a concentration of delta (9)-Tetrahydrocannabinol greater than 0.3 percent dry weight in the State of Delaware. ***There is no fee required to register as a processor.***

Processors of hemp in Delaware are required to:

- (1) register with the Delaware Department of Agriculture (Department); and
- (2) at the end of each calendar year report to the Department, the total dry weight and/or volume and type of hemp processed.

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

Applicant Information

Processor's Name		DE Business License No.	EIN #
Contact Person(s)			
Primary Phone		Primary Email	
Location of Processing Facility			
City	DELAWARE	Zip Code	Building GPS Coordinates
Mailing Address			
City	State	Zip Code	
<input type="checkbox"/> Submitted Application For Federal Criminal Background Check		<input type="checkbox"/> Attached Site Maps (including name, address, GPS coordinates, and at least 2 roads identified)	

Processing Information

Intended Processing Start Date

Please describe your intended processing method

Please check all the processing methods you would like to register for:

- Cold Pressed Oil Extraction Fiber Food Product
- Other (please describe):

Please describe the intended end product leaving your facility

Please check the intended destination once the end product leaves your facility:

- Other Processor Retail Wholesale Direct to Other Grower

DISCLOSURE OF CRIMINAL CONVICTIONS – The 2018 Farm Bill states that “a person with a felony drug conviction within the past 10 years may not contract to grow or cultivate hemp under this subsection and requires applicants to submit fingerprints to the FBI to obtain a criminal history check, proof of which must be submitted as an attachment to this application.”

(PLEASE INITIAL) _____ I confirm I have no felony drug convictions within the past 10 years.

(PLEASE INITIAL) _____ I acknowledge that the information provided in the Hemp Processor Registration Form expires 12/31/19 and must be renewed if I intend to process hemp beyond 12/31/19.

(PLEASE INITIAL) _____ I acknowledge that by registering with the Department, I agree to allow the Department to inspect and test hemp plants and hemp products at the Department’s discretion any time throughout processing.

(PLEASE INITIAL) _____ I have read this Hemp Processor 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 processing of Cannabis sativa (L) conducted under authority of this state law-based registration requirement administered by the Department.

(PLEASE INITIAL) _____ I affirm that the hemp products used for processing are THC Compliant (not to exceed the maximum concentration of delta (9)-Tetrahydrocannabinol of no more than 0.3 percent on a dry weight basis.)

(PLEASE INITIAL) _____ I affirm all of 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.

(PLEASE INITIAL) _____ I affirm that landowners of the site(s) indicated in this application have been notified of my intent to process hemp.

Applicant’s Name Printed: _____ Signature: _____ Date: _____
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Land Owner(s) (if different from applicant) The named applicant has my permission to use the site(s) listed on this application, which I own, to participate in the Delaware Hemp Program. Printed: _____ Signature: _____ Date: _____

FOR DEPARTMENTAL USE ONLY

DATE SUBMITTED

DATE ISSUED

PROCESSOR REGISTRATION NUMBER