

DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM



DELAWARE DEPARTMENT OF
AGRICULTURE

**PARTICIPANT GUIDE:
PRODUCERS, PROCESSORS, & HANDLERS**

For more information and forms, visit <https://de.gov/hemp>



DELAWARE DEPARTMENT OF
AGRICULTURE

2320 SOUTH DUPONT HIGHWAY
DOVER, DELAWARE 19901
AGRICULTURE.DELAWARE.GOV

TELEPHONE: (302) 698-4500
TOLL FREE: (800) 282-8685
FAX: (302) 697-6287

Greetings,

Thank you for your interest in participating in the Delaware Domestic Hemp Production Program. Under the Program, the Delaware Department of Agriculture is responsible for regulating the production of hemp. The Department **does not** have oversight of the selling of hemp products or the businesses marketing these products. This includes any CBD product.

Please use the attached Participant Guide as a reference on the requirements of the Program. The following are items to note for the upcoming year:

- The Department has removed acreage limits for producing hemp.
- The Department has removed the requirement that seed be delivered to the Department for producer pick up. Please note, when purchasing seed, all seed is still subject to the Federal Seed Act and Delaware Seed Law which regulate seed tags and labeling.
- The Department has removed the requirement to work with a research institution. A Research Agreement with Delaware State University or any other university is no longer required.
- The Department will issue official cards for participants to prove credentials to law enforcement if needed. These cards will demonstrate your participation in the Program.
- The Department will allow producers to designate one person as an Authorized Representative with the authority to be present at sample collection and correspond with the Department. This person must be indicated on the Producer Application and must submit a Criminal History Report.
- The Department requires only one Criminal History Report, if applying for more than one license type. Criminal History Reports are to be submitted at the time of application or renewal and must be dated no more than four months prior.

The Department can only guarantee that questions or comments will be addressed if they are sent to DDA_HempProgram@delaware.gov. Because there are various staff working on the Hemp Program, the most efficient way to get questions addressed is by using the DDA_HempProgram@delaware.gov email. The Department will update the <https://de.gov/hemp> with all information related to the Program. Please visit this site often for information.

The Department looks forward to working with you,

Jessica Inhof
Plant Industries Program Administrator

PRODUCER

Note: For 2020, Producer Applications and Growing Site Registrations will be accepted February 7 to May 7. Moving forward, the standard annual application window will be from November 1 to February 1. A producer must be 18 years of age or older to be eligible to receive a Delaware Domestic Hemp Production Program License.

Who Should Apply

Any individual or business with the intent to grow, cultivate, or distribute hemp, including transplants, seedlings, or clones.

How to Apply

- a. Application: Producer downloads and completes the Producer Application and Growing Site Registration for each indoor and outdoor growing site. The application fee of \$300 is to be included at the time of application and renewal every 3 years.
- b. Criminal History Report Request:
 - Fingerprint Information:
 - Obtains completed fingerprint card (fees will apply) from a National Background Information approved law enforcement agency located in Delaware.
<https://www.nbinformation.com/locations/lawEnforcement/DE.php>
 - Mail completed fingerprint card to:
FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, WV 26306
 - Applicant requests online <https://www.fbi.gov/services/cjis/identity-history-summary-checks> for an FBI Criminal Background Check:
 - The cost is \$18 per sealed copy.
 - The Delaware Department of Agriculture requires one sealed copy.
 - When applying on the website, the applicant must fill in all required fields. Specifically, under the following tabs, the applicant should respond:
 - Personal Information Tab, the Reason for Needing a Background Check: “Personal Review”
 - Mailing Address Tab: Fill in the In Care of Section
 - In Care of: “Delaware Department of Agriculture, 2320 S. DuPont Hwy, Dover, DE 19901”
 - Preferences Tab: Date of Birth Included with Results: “Yes”
 - When the application is filled out, click “Complete.”
 - Following the completion of the online application, the FBI will send a confirmation email that they have received the application for a Federal Criminal Background

Check. A copy of this email must be printed out and submitted along with the Producer's Application and Growing Site Registration.

- c. Site Registration:
 - A Growing Site Registration must be completed for each growing site
 - A map identifying GPS coordinates, at least 2 labeled roads, and boundaries or dimensions of the growing area in acres or square feet
 - The growing site registration fee of \$500 is to be included at the time of site registration submission. The growing site modification fee is \$500 per site.
- d. Authorized Representative: An individual designated by a licensed producer to act as a point of contact on behalf of the licensed producer.
 - This individual must be indicated on the Delaware Domestic Hemp Production Program Producer Application and is an individual designated by a licensed producer to act as a point of contact.
 - A licensed producer may designate 1 individual as an Authorized Representative.
 - An Authorized Representative is required to complete and submit a Criminal History Report.

Approval

- a. Once the applicant returns a completed Producer Application to the Delaware Department of Agriculture (Department), the approval process will begin.
- b. The Department will review the documents and attachments to confirm the applicant's eligibility.
- c. The Department will contact the applicant for any follow-up information needed.
- d. The Department will issue and mail a Producer License and License Number to the applicant, as well as the identification card for an Authorized Representative.
- e. Approved applications are subject to revocation pending results of the FBI Criminal Background Check.
- f. The Department will communicate with Law Enforcement the applicant's approval status.
- g. The Department will maintain a digital/paper file of all documents for record, which may be subject to disclosure under the Freedom of Information Act (FOIA).

Modifying a Site

Site Modification forms are required when changes are made to growing sites already registered with the Department or if adding additional sites. A fee of \$500 is required to be included at the time of site modification submission.

Lot Identification and Designations

For indoor and outdoor growing sites, licensed producers must assign a unique lot ID to each lot based on the following three criteria. Licensed producers are required to maintain records that correspond to each lot ID:

- a. Plant Variety
- b. Planting Date

c. Planting Site

Sampling and Testing

Note: The Delaware Department of Agriculture will collect 1 regulatory sample per lot within 15 days of harvest. Licensed producers may collect and test their own samples at any time at their own expense, but only the Department collected sample will be used for regulatory purposes.

- a. Sample Request Form: The licensed producer must notify the Department by completing the Sampling Request form, 30 days prior to expected harvest date to allow sufficient time for the Department to schedule time with the licensed producer or authorized representative to collect a sample for regulatory THC testing. The licensed producer should notify the Department by emailing DDA_HempProgram@delaware.gov.
- b. The following have a fee of \$350 each per sample: Pre-harvest Sample Collection, Post-harvest Sample Collection, Re-sample Collection, and Testing. This fee must be submitted at the time of the sample request.
- c. The Department will collect a representative sample of the hemp lot based on lot size and plant number. The regulatory sample will be comprised of uppermost buds (40 percent) and buds from the upper third of the plant (60 percent). The sample will be sent to an external laboratory for analysis of post decarboxylated delta(9)-Tetrahydrocannabinol concentration.
- d. Upon receipt of the test results, the Department will provide those results to the licensed producer by e-mail or mail.
- e. If test results show a post decarboxylated delta(9)-Tetrahydrocannabinol concentration greater than 0.3 percent, the licensed producer may request a retest of the sample or to have a new sample be collected for testing.

Reporting

- a. To the Department: licensed producers are required to submit an Annual Report to the Department no later than December 1 each year.
 - Total acreage planted
 - Total acreage harvested
 - Total acreage disposed
 - Plant storage records
- b. To FSA: Once per year, after hemp planting is complete, licensed producers are required to file an acreage report with FSA. FSA will follow the Department's lot identification guidelines to work with you to identify your lots. To file an acreage report, you need:
 - An FSA map of your farm or ranch, and your tract and field numbers
 - Information on the crops you intend to plant
 - The intended use of your crops
 - The number of acres of crops you are reporting

- Approximate crop boundaries, planting patterns and dates, irrigation practices, and producer shares
- c. To find your local office, go to:
- <https://offices.usda.gov> or <https://farmers.gov/service-locator>

Additional Information:

- If the licensed producer plans to sell viable plants or viable plant parts, a Delaware Nursery License is required. This license is available through the Department free of charge.
- Harvest of a lot is allowed after the regulatory sample is collected by the Department. The harvested lot may not be co-mingled with other lots without permission from the Department.
- Lots testing above 0.3 percent post decarboxylated delta(9)-Tetrahydrocannabinol will require destruction.
- All questions regarding Delaware's Domestic Hemp Production Program should be emailed to DDA_HempProgram@delaware.gov

PROCESSOR

Note: Processor Applications and Processing Facility Registrations must be submitted to the Department no later than October 31 to be eligible to receive a Delaware Domestic Hemp Production Program Processor Registration.

Who Should Apply

Any individual or business with the intent to conduct processes that convert raw hemp material in any way other than for testing.

How to Apply

- a. Application: Applicant downloads and completes the Delaware Hemp Program Processor Registration Form and Facility Registration. The application fee of \$300 is to be included at the time of applying, registrations are valid for 3 years.
- b. Criminal History:
 - Fingerprint Information:
 - Obtains completed fingerprint card (fees will apply) from a National Background Information approved law enforcement agency located in Delaware.
<https://www.nbinformation.com/locations/lawEnforcement/DE.php>
 - Mail completed fingerprint card to:
FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, WV 26306
 - Applicant requests online <https://www.fbi.gov/services/cjis/identity-history-summary-checks> for an FBI Criminal Background Check:
 - The cost is \$18 per sealed copy.
 - The Delaware Department of Agriculture requires one sealed copy.
 - When applying on the website, the applicant must fill in all required fields. Specifically, under the following tabs, the applicant should respond:
 - Personal Information Tab, the Reason for Needing a Background Check: “Personal Review”
 - Mailing Address Tab: Fill in the In Care of Section
 - In Care of: “Delaware Department of Agriculture, 2320 S. DuPont Hwy, Dover, DE 19901”
 - Preferences Tab: Date of Birth Included with Results: “Yes”
 - When the application is filled out, click “Complete.”
 - Following the completion of the online application, the FBI will send a confirmation email that they have received the processor’s application for a Federal Criminal Background Check. A copy of this email must be printed out and submitted along with the Processor’s Application and Facility Registration.

- c. Facility Registration: The registration fee of \$1,000 should be included at the time of submission.
- d. Key Participant: means person or persons who have a direct or indirect financial interest in the entity processing hemp, such as an owner or partner in a partnership. A key participant also includes persons in a corporate entity at executive levels including CEO, COO, and CFO. This does not include other management positions like farm, field, or shift managers. A key participant must be listed on the application and is required to complete a Criminal History Report that must be submitted as part of the Processor's Application.

Approval

- a. Once the applicant returns a completed Processor Application to the Delaware Department of Agriculture (Department), the approval process will begin.
- b. The Department will review the documents and attachments to confirm the applicant's eligibility.
- c. The Department will contact the applicant for any follow-up information needed.
- d. The Department will issue and mail a Processor Registration and Registration Number to the applicant.
- e. Approved applications are subject to revocation pending results of the FBI Criminal Background Check.
- f. The Department will communicate with Law Enforcement the applicant's approval status.
- g. The Department will maintain a digital/paper file of all documents for record, which may be subject to disclosure under the Freedom of Information Act (FOIA).

Modifying a Facility

Facility Modification forms are required when changes are made to processing facilities that are already registered with the Department or if adding additional sites. A fee of \$1,000 is required to be included at the time of submission.

Additional Information

All questions regarding Delaware's Domestic Hemp Production Program should be emailed to DDA_HempProgram@delaware.gov

HANDLER

Note: A handler must be 18 years of age or older to be eligible to receive a Delaware Domestic Hemp Production Program License.

Who Should Apply

Any individual or business with the intent to transport or store hemp or hemp plant parts prior to the delivery of such plant or plant part for processing.

How to Apply

- a. Application: Applicant downloads and completes the Delaware Domestic Hemp Program Handler Application. The application fee of \$100 is to be included at the time of applying.
- b. Criminal History:
 - Fingerprint Information:
 - Obtains completed fingerprint card (fees will apply) from a National Background Information approved law enforcement agency located in Delaware.
<https://www.nbinformation.com/locations/lawEnforcement/DE.php>
 - Mail completed fingerprint card to:
FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, WV 26306
 - Applicant requests online <https://www.fbi.gov/services/cjis/identity-history-summary-checks> for an FBI Criminal Background Check:
 - The cost is \$18 per sealed copy.
 - The Delaware Department of Agriculture requires one sealed copy.
 - When applying on the website, the applicant must fill in all required fields. Specifically, under the following tabs, the applicant should respond:
 - Personal Information Tab, the Reason for Needing a Background Check: “Personal Review”
 - Mailing Address Tab: Fill in the In Care of Section
 - In Care of: “Delaware Department of Agriculture, 2320 S. DuPont Hwy, Dover, DE 19901”
 - Preferences Tab: Date of Birth Included with Results: “Yes”
 - When the application is filled out, click “Complete.”
 - Following the completion of the online application, the FBI will send a confirmation email that they have received the grower’s application for a Federal Criminal Background Check. A copy of this email must be printed out and submitted along with the Handler’s Application.

Approval

- a. Once the applicant returns a completed Handler Application to the Delaware Department of Agriculture (Department), the approval process will begin.
- b. The Department will review the documents and attachments to confirm the applicant's eligibility.
- c. The Department will contact the applicant for any follow-up information needed.
- d. The Department will issue and mail a Handler License and License Number to the applicant.
- e. Approved applications are subject to revocation pending results of the FBI Criminal Background Check.
- f. The Department will communicate with the Law Enforcement the applicant's approval status.
- g. The Department will maintain a digital/paper file of all documents for record, which may be subject to disclosure under the Freedom of Information Act (FOIA).

Additional Information

All questions regarding Delaware's Domestic Hemp Production Program should be emailed to DDA_HempProgram@delaware.gov

FORMS



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TELEPHONE: (302) 698-4500
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FAX: (302) 697-6287

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. For 2020, these applications will be accepted February 7 to May 7. Moving forward, new applications and renewals must be submitted between November 1 and February 1. Licenses will be valid until December 31 of the year that is three years after the certificate is issued, unless otherwise revoked. Annual Growing Site Registrations must be submitted annually no later than February 1.

APPLICANT INFORMATION

Current Hemp License Number (if applicable)		
Name: (Last, First, Middle)		
Driver's License Number:		
Phone:		
Email:		
Mailing Address:		
Business Name: (if applicable)		EIN Number:
Business Address:		
<input type="checkbox"/> Submitted Application for State and Federal Criminal History Reports. Confirmation email attached.		
<input type="checkbox"/> Growing Site Registration 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 that may be incurred by the producer.

ADDITIONAL INFORMATION

Nutrient Management Certification Number: Required for 10 acres or more.		
Nutrient Management Consultant Name:		Number:
Contact Information for Authorized Representative		
Name:		
Phone:		
Email:		

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 prior to 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 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.

Applicant's Name

Printed: _____

Signature: _____

Date: _____



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DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM ANNUAL OUTDOOR GROWING SITE REGISTRATION

APPLICANT INFORMATION

Hemp License Number (if applicable):		
Applicant Name:		Date:

GROWING SITE INFORMATION

Site 1

Farm Name:		
Growing Site Address:		
Growing Site GPS Coordinates:	Latitude:	Longitude:
Number of:	Access Points to Growing Site:	Acres Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in acres attached		
<input type="checkbox"/> \$500 Annual Growing Site Registration 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 that may be incurred by the producer.

Site 2

Farm Name:		
Growing Site Address:		
Growing Site GPS Coordinates:	Latitude:	Longitude:
Number of:	Access Points to Growing Site:	Acres Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in acres attached		
<input type="checkbox"/> \$500 Annual Growing Site Registration fee to the Delaware Department of Agriculture attached.		

Site 3

Farm Name:		
Growing Site Address:		
Growing Site GPS Coordinates:	Latitude:	Longitude:
Number of:	Access Points to Growing Site:	Acres Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in acres attached		
<input type="checkbox"/> \$500 Annual Growing Site Registration fee to the Delaware Department of Agriculture attached.		

For more growing sites, complete additional Annual Outdoor Growing Site Registration forms and submit with fees to the Delaware Department of Agriculture.

Applicant's Name Printed: _____ Signature: _____ Date: _____	Landowner(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 Domestic Hemp Production Program. If multiple landowners, all landowners must consent and sign a form. Attach additional sheets as needed. Printed: _____ Signature: _____ Date: _____
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DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM OUTDOOR GROWING SITE MODIFICATION

APPLICANT INFORMATION

Hemp License Number (if applicable):		
Applicant Name:		Date:

DESCRIPTION OF MODIFICATION TO EXISTING SITES provide details about changes to growing sites. **Must include Growing Site Address where changes will be made.** Example: acreage change, additional sites, removal of sites etc.

Example: 111 Hemp Lane, increased acreage from 10 to 20.

INFORMATION FOR NEW SITES

Farm Name:		
Growing Site Address:		
Growing Site GPS Coordinates:	Latitude:	Longitude:
Number of:	Access Points to Growing Site:	Acres Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in acres attached		
<input type="checkbox"/> \$500 Growing Site Modification fee to the Delaware Department of Agriculture attached.		

Farm Name:		
Growing Site Address:		
Growing Site GPS Coordinates:	Latitude:	Longitude:
Number of:	Access Points to Growing Site:	Acres Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in acres attached		
<input type="checkbox"/> \$500 Growing Site Modification fee to the Delaware Department of Agriculture attached.		

Farm Name:		
Growing Site Address:		
Growing Site GPS Coordinates:	Latitude:	Longitude:
Number of:	Access Points to Growing Site:	Acres Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in acres attached		
<input type="checkbox"/> \$500 Growing Site Modification fee to the Delaware Department of Agriculture attached.		

For more growing sites modifications, complete additional Outdoor Growing Site Modification forms and submit with fees to the Delaware Department of Agriculture.

Applicant's Name	Landowner(s) (if different from applicant)
Printed: _____	The named applicant has my permission to use the site(s) listed on this application, which I own, to participate in the Delaware Domestic Hemp Production Program. If multiple landowners, all landowners must consent and sign a form. Attach additional sheets as needed.
Signature: _____	Printed: _____
Date: _____	Signature: _____ Date: _____



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DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM ANNUAL INDOOR GROWING SITE REGISTRATION

APPLICANT INFORMATION

Hemp License Number (if applicable):		
Applicant Name:		Date:

GROWING SITE INFORMATION (USE ADDITIONAL SHEETS AS NEEDED)

Site 1

Structure Name:		
Growing Site Address:		
Structure GPS Coordinates:	Latitude:	Longitude:
Number of:	Driveways:	Square Feet Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in square feet attached.		
<input type="checkbox"/> \$500 Annual Growing Site Registration fee to the Delaware Department of Agriculture attached.		

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Site 2

Structure Name:		
Growing Site Address:		
Structure GPS Coordinates:	Latitude:	Longitude:
Number of:	Driveways:	Square Feet Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in square feet attached.		
<input type="checkbox"/> \$500 Annual Growing Site Registration fee to the Delaware Department of Agriculture attached.		

Site 3

Structure Name:		
Growing Site Address:		
Structure GPS Coordinates:	Latitude:	Longitude:
Number of:	Driveways:	Square Feet Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in square feet attached.		
<input type="checkbox"/> \$500 Annual Growing Site Registration fee to the Delaware Department of Agriculture attached.		

For more growing sites, complete additional Annual Indoor Growing Site Registration forms and submit with fees to the Delaware Department of Agriculture.

<p>Applicant's Name</p> <p>Printed: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Landowner(s) (if different from applicant)</p> <p>The named applicant has my permission to use the site(s) listed on this application, which I own, to participate in the Delaware Domestic Hemp Production Program. If multiple landowners, all landowners must consent and sign a form. Attach additional sheets as needed.</p> <p>Printed: _____</p> <p>Signature: _____ Date: _____</p>
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DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM INDOOR GROWING SITE MODIFICATION

APPLICANT INFORMATION

Hemp License Number (if applicable):		
Applicant Name:		Date:

DESCRIPTION OF MODIFICATION TO EXISTING SITES provide details about changes to growing sites. **Must include Growing Site Address where changes will be made.** Example: square footage change, additional sites, removal of sites etc.

Example: 111 Hemp Lane, increased square footage from 100 to 2,000.

INFORMATION FOR NEW SITES

Structure Name:		
Growing Site Address:		
Structure GPS Coordinates:	Latitude:	Longitude:
Number of:	Driveways:	Square Feet Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in square feet attached		
<input type="checkbox"/> \$500 Growing Site Modification fee to the Delaware Department of Agriculture attached.		

Structure Name:		
Growing Site Address:		
Structure GPS Coordinates:	Latitude:	Longitude:
Number of:	Driveways:	Square Feet Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in square feet attached		
<input type="checkbox"/> \$500 Growing Site Modification fee to the Delaware Department of Agriculture attached.		

Structure Name:		
Growing Site Address:		
Structure GPS Coordinates:	Latitude:	Longitude:
Number of:	Driveways:	Square Feet Intended for Hemp:
Ownership Status:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads identified, the boundaries and dimensions of the site in square feet attached		
<input type="checkbox"/> \$500 Growing Site Modification fee to the Delaware Department of Agriculture attached.		

For more growing sites modifications, complete additional Indoor Growing Site Modification forms and submit with fees to the Delaware Department of Agriculture.

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Printed: _____	The named applicant has my permission to use the site(s) listed on this application, which I own, to participate in the Delaware Domestic Hemp Production Program. If multiple landowners, all landowners must consent and sign a form. Attach additional sheets as needed.
Signature: _____	
Date: _____	Printed: _____
	Signature: _____ Date: _____



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DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM PROCESSOR APPLICATION

Under the Delaware Domestic Hemp Production Program, processors are required by the Department to complete a Processor Application and Annual Processor Facility Registration. New applications and renewals must be submitted between August 1 and October 31. Registration Certificates will be valid until December 31 of the year that is three years after the certificate is issued, unless otherwise revoked. Processor Facility Registrations must be submitted annually no later than October 31.

APPLICANT INFORMATION

Processor's Name: (Last, First, Middle)			
DE Business License No.			
EIN No.			
Phone:			
Email:			
Mailing Address:	City	State	Zip Code
<input type="checkbox"/> Submitted Application for State and Federal Criminal Background Check. Confirmation email 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 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.

Do you process cannabis grown outside of Delaware? Yes No

Key Participants

Name:

Phone:

Email:

Submitted Application for State and Federal Criminal Background Check. Confirmation email attached.

Name:

Phone:

Email:

Submitted Application for State and Federal Criminal Background Check. Confirmation email attached.

PROCESSES PERFORMED (INDICATE YES/NO FOR ALL PROCESSES FOR WHICH YOU WANT TO REGISTER)

Process	Yes/No	Process	Yes/No
Cold Pressed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Product	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil Extraction	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fiber	<input type="checkbox"/> Yes <input type="checkbox"/> No		

INTENDED END PRODUCT

Please describe the intended end product and intended destination of product leaving your facility.



DELAWARE DEPARTMENT OF
AGRICULTURE

2320 SOUTH DUPONT HIGHWAY
DOVER, DELAWARE 19901
AGRICULTURE.DELAWARE.GOV

TELEPHONE: (302) 698-4500
TOLL FREE: (800) 282-8685
FAX: (302) 697-6287

DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM ANNUAL PROCESSING FACILITY REGISTRATION

Under the Delaware Domestic Hemp Production Program *Processors* are required by the Department to complete a Processor Application and Annual Processor Facility Registration. New applications and renewals must be submitted between August 1 and October 31. Registration Certificates will be valid until December 31 of the year that is three years after the certificate is issued, unless otherwise revoked. Processor Facility Registrations must be submitted annually no later than October 31.

APPLICANT INFORMATION

Applicant Name:		Date:	
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FACILITY INFORMATION

Facility 1

Contact Information:	Name:	Phone:	
Facility Address:			
Facility GPS Coordinates:	Latitude:	Longitude:	
<input type="checkbox"/> Map of Facility with at least 2 roads identified attached			
<input type="checkbox"/> \$1,000 Annual Processing Facility Registration fee to the Delaware Department of Agriculture attached.			
Intended End Product			
Describe Intended End Product Leaving Facility:			
Intended Destination of End Product:	<input type="checkbox"/> Direct to a Producer	<input type="checkbox"/> Direct to a Processor	<input type="checkbox"/> Retail
			<input type="checkbox"/> Wholesale

IS THIS FACILITY CURRENTLY ACCEPTING MATERIAL

YES

NO

Facility 2

Contact Information:	Name:	Phone:		
Facility Address:				
Facility GPS Coordinates:	Latitude:	Longitude:		
<input type="checkbox"/> Map of Facility with at least 2 roads identified attached				
<input type="checkbox"/> \$1,000 Annual Processing Facility Registration fee to the Delaware Department of Agriculture attached.				
Intended End Product				
Describe Intended End Product Leaving Facility:				
Intended Destination of End Product:	<input type="checkbox"/> Direct to a Producer	<input type="checkbox"/> Direct to a Processor	<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale

IS THIS FACILITY CURRENTLY ACCEPTING MATERIAL

YES

NO

<p>Applicant's Name</p> <p>Printed: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Landowner(s) (if different from applicant)</p> <p>The named applicant has my permission to use the site(s) listed on this application, which I own, to participate in the Delaware Domestic Hemp Production Program. If multiple landowners, all landowners must consent and sign a form. Attach additional sheets as needed.</p> <p>Printed: _____</p> <p>Signature: _____ Date: _____</p>
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FAX: (302) 697-6287

DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM **HANDLER APPLICATION**

Under the Delaware Domestic Hemp Production Program, handlers are required by the Department to complete a Handler Application annually. Licenses will be valid until December 31 of the year that the license is issued, unless otherwise revoked.

APPLICANT INFORMATION

License Number: (if applicable)		
Name: (Last, First, Middle)		
Phone:		Email:
Mailing Address:		
Provided Handling Services to a Total of Delaware Licensed Producers:		
<input type="checkbox"/> Submitted Application for State and Federal Criminal History Reports. Confirmation email attached.		
<input type="checkbox"/> \$100 Handler Application fee to the Delaware Department of Agriculture attached.		

HANDLING SERVICES

<input type="checkbox"/> Transporting	<input type="checkbox"/> Storing	Address of Storage Site:
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<input type="checkbox"/> Other: (Describe)	
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HANDLING SERVICES PROVIDED IN A STATE OTHER THAN DELAWARE

Handling Service	State

PROGRAM ACKNOWLEDGMENTS

(PLEASE INITIAL) _____ I acknowledge that the information provided in the Handler Application expires December 31 of the year that the license is issued.

PLEASE INITIAL) _____ 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 handling of *Cannabis sativa* (L) conducted under authority of this application requirement administered by the Department.

(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 may be withheld or terminated. If the Department has issued a license, it may be revoked.

Applicant's Name

Printed: _____

Signature: _____

Date: _____