



DELAWARE DEPARTMENT OF  
**AGRICULTURE**

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## 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

<b>License Number: (if applicable)</b>		
<b>Name: (Last, First, Middle)</b>		
<b>Phone:</b>		<b>Email:</b>
<b>Mailing Address:</b>		
<b>Provided Handling Services to a Total of Delaware Licensed Producers:</b>		
<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	<b>Address of Storage Site:</b>
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<input type="checkbox"/> <b>Other: (Describe)</b>	
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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: \_\_\_\_\_