

# 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**

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TOLL FREE: (800) 282-8685  
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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 products.

Please note that the State of Delaware Domestic Hemp Production Program is in compliance with the United States Department of Agriculture (USDA); however, the rules and requirements are subject to change based on USDA regulation changes. Please use the attached Participant Guide as a reference on the requirements of the Program.

The Department can only guarantee that questions or comments are addressed if you send them to [DDA\\_HempProgram@delaware.gov](mailto:DDA_HempProgram@delaware.gov). Because there are various staff working on the Hemp Program, the most efficient way to get questions addressed is to use the [DDA\\_HempProgram@delaware.gov](mailto:DDA_HempProgram@delaware.gov) e-mail. 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

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**Note: Producer Applications and Growing Site Registrations will be accepted 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. This applies to any number of plants grown for any purpose, including personal use.

### 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:
  - Criminal History Report, issued by the FBI, dated within 4 months of application, is required to participate in the Program. Information on fingerprinting and applicant request options are found online <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.
    - Fees will apply. (Typical fees: \$18)
    - 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: Reason for Needing a Background Check: "Personal Review"
      - Mailing Address Tab: In Care of:  
"Delaware Department of Agriculture  
Attn: Hemp Program  
2320 S. DuPont Hwy  
Dover, DE 19901"
      - Preferences Tab: Date of Birth Included with Results: "Yes"
      - When the application is filled out, click "Complete."
    - After completing the online application, the FBI will send a confirmation e-mail that they have received a Federal Criminal Background Check application. A copy of this e-mail must be printed out and submitted along with the Producer Application and Growing Site Registration.

- c. Site Registration:
  - A Growing Site Registration must be completed annually for each growing site.
  - A map identifying GPS coordinates, at least 2 labeled roads and points of entry, 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 contact point.
  - 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 History Report.
- 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 adding additional sites. A fee of \$500 is required to be 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 Collection 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. Sampling Request Form: The Licensed Producer must notify the Department by completing the Sampling Request Form 30 days prior to the 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 e-mailing the Sampling Request Form to [DDA\\_HempProgram@delaware.gov](mailto:DDA_HempProgram@delaware.gov).
- b. Harvest is required to be completed within 15 days following regulatory sample collection. If the crop is not harvested within 15 days following the original regulatory sample collection, producers are subject to subsequent sample collections. The Licensed Producer must submit fees for all regulatory sample collection.
- c. All regulatory sample collection and testing have a fee of up to \$350 each per sample. This fee must be submitted at the time of the sample request prior to sample collection.
- d. The Department will collect a representative sample of the hemp lot based on lot size and plant number. The regulatory sample will be collected using standard collection protocol (40 percent uppermost buds and 60 percent buds from the upper third of the plant) or performance-based protocols as determined by the Department. The sample will be sent to an external laboratory for analysis of post decarboxylated delta(9)-Tetrahydrocannabinol concentration.
- e. Upon receipt of the test results, the Department will provide those results to the Licensed Producer by e-mail or mail.
- f. 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/square footage planted
  - Total acreage/square footage harvested
  - Total acreage/square footage disposed
  - Plant storage records
  - Intended crop use
- b. To FSA: Once per year, within 15 days of hemp planting completion, 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 planted
  - Intended crop use
  - 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 Department collects the regulatory sample. 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 or remediation.
- All questions regarding Delaware's Domestic Hemp Production Program should be e-mailed to [DDA\\_HempProgram@delaware.gov](mailto:DDA_HempProgram@delaware.gov)

## PROCESSOR

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**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. This includes producers who harvest, mechanically dry down, or package their own crop. Please contact the Delaware Department of Agriculture for fee information.

### 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 Report Request:
  - Criminal History Report, issued by the FBI, dated within 4 months of application, is required to participate in the Program. Information on fingerprinting and applicant request options are found online <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.
    - Fees will apply. (Typical fees: \$18)
    - 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: Reason for Needing a Background Check: “Personal Review”
      - Mailing Address Tab: In Care of:  
“Delaware Department of Agriculture  
Attn: Hemp Program  
2320 S. DuPont Hwy  
Dover, DE 19901”
      - Preferences Tab: Date of Birth Included with Results: “Yes”
      - When the application is filled out, click “Complete.”
    - After completing the online application, the FBI will send a confirmation e-mail that they have received the processor’s application for a Federal Criminal Background Check. A copy of this e-mail must be printed out and submitted along with the Processor Application and Facility Registration.
- c. Facility Registration: The annual 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 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 History Report.
- 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 the 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 adding additional sites. A fee of \$1,000 is required at the time of submission.

### **Additional Information**

All questions regarding Delaware's Domestic Hemp Production Program should be e-mailed to [DDA\\_HempProgram@delaware.gov](mailto:DDA_HempProgram@delaware.gov)



## HANDLER

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**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, including seed. Licensed Producers and Registered Processors are not required to obtain a handler's license.

### How to Apply

- a. Application: Applicant downloads and completes the Delaware Domestic Hemp Program Handler Application. The application fee of \$100 is due at the time of applying.
  - Criminal History Report, issued by the FBI, dated within 4 months of application, is required to participate in the Program. Information on fingerprinting and applicant request options are found online <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.
    - Fees will apply. (Typical fees: \$18)
    - 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: Reason for Needing a Background Check: "Personal Review"
      - Mailing Address Tab: In Care of:  
"Delaware Department of Agriculture  
Attn: Hemp Program  
2320 S. DuPont Hwy  
Dover, DE 19901"
      - Preferences Tab: Date of Birth Included with Results: "Yes"
      - When the application is filled out, click "Complete."
    - After completing the online application, the FBI will send a confirmation e-mail that they have received the grower's application for a Federal Criminal Background Check. A copy of this e-mail must be printed out and submitted along with the Handler 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 History Report.
- f. The Department will communicate with the Law Enforcement the applicants' approval status.
- g. The Department will maintain a digital/paper file of all documents for the 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 e-mailed to [DDA\\_HempProgram@delaware.gov](mailto: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. 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:</b> Required for 10 acres or more.		
<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: \_\_\_\_\_



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## DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM ANNUAL OUTDOOR GROWING SITE REGISTRATION

### APPLICANT INFORMATION

<b>Hemp License Number (if applicable):</b>		
<b>Applicant Name:</b>		<b>Date:</b>

### GROWING SITE INFORMATION

#### Site 1

<b>Farm Name:</b>		
<b>Growing Site Address:</b>		
<b>Growing Site GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Number of:</b>	<b>Access Points to Growing Site:</b>	<b>Acres Intended for Hemp:</b>
<b>Ownership Status:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads and point of entry 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**

<b>Farm Name:</b>		
<b>Growing Site Address:</b>		
<b>Growing Site GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Number of:</b>	<b>Access Points to Growing Site:</b>	<b>Acres Intended for Hemp:</b>
<b>Ownership Status:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads and point of entry 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**

<b>Farm Name:</b>		
<b>Growing Site Address:</b>		
<b>Growing Site GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Number of:</b>	<b>Access Points to Growing Site:</b>	<b>Acres Intended for Hemp:</b>
<b>Ownership Status:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads and point of entry 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.**

<b>Applicant's Name</b>  Printed: _____  Signature: _____  Date: _____	<b>Landowner(s) (if different from applicant)</b> 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 and point of entry 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.		

<b>Farm Name:</b>		
<b>Growing Site Address:</b>		
<b>Growing Site GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Number of:</b>	<b>Access Points to Growing Site:</b>	<b>Acres Intended for Hemp:</b>
<b>Ownership Status:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads and point of entry 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.		

<b>Farm Name:</b>		
<b>Growing Site Address:</b>		
<b>Growing Site GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Number of:</b>	<b>Access Points to Growing Site:</b>	<b>Acres Intended for Hemp:</b>
<b>Ownership Status:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads and point of entry 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.**

<b>Applicant's Name</b>  Printed: _____  Signature: _____  Date: _____	<b>Landowner(s) (if different from applicant)</b> 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 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 and point of entry 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.		

**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**

<b>Structure Name:</b>		
<b>Growing Site Address:</b>		
<b>Structure GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Number of:</b>	<b>Driveways:</b>	<b>Square Feet Intended for Hemp:</b>
<b>Ownership Status:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads and point of entry 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**

<b>Structure Name:</b>		
<b>Growing Site Address:</b>		
<b>Structure GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Number of:</b>	<b>Driveways:</b>	<b>Square Feet Intended for Hemp:</b>
<b>Ownership Status:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads and point of entry 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.

<b>Applicant's Name</b>  Printed: _____  Signature: _____  Date: _____	<b>Landowner(s) (if different from applicant)</b> 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 INDOOR GROWING SITE MODIFICATION

### APPLICANT INFORMATION

<b>Hemp License Number (if applicable):</b>		
<b>Applicant Name:</b>		<b>Date:</b>

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

<b>Structure Name:</b>		
<b>Growing Site Address:</b>		
<b>Structure GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Number of:</b>	<b>Driveways:</b>	<b>Square Feet Intended for Hemp:</b>
<b>Ownership Status:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads and point of entry 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.		

<b>Structure Name:</b>		
<b>Growing Site Address:</b>		
<b>Structure GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Number of:</b>	<b>Driveways:</b>	<b>Square Feet Intended for Hemp:</b>
<b>Ownership Status:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads and point of entry 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.		

<b>Structure Name:</b>		
<b>Growing Site Address:</b>		
<b>Structure GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Number of:</b>	<b>Driveways:</b>	<b>Square Feet Intended for Hemp:</b>
<b>Ownership Status:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Map of Growing Site with at least 2 roads and point of entry 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.**

<b>Applicant's Name</b>  Printed: _____  Signature: _____  Date: _____	<b>Landowner(s) (if different from applicant)</b> 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 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 SAMPLING REQUEST

The Delaware Department of Agriculture requires that Licensed Producers or Authorized Representatives notify the Department **30 to 15 days prior to the expected date of harvest**. A Sampling Agent will conduct the Department's regulatory sampling protocol of cannabis lots planned for harvest. Harvest must be completed within 15 days of regulatory sample collection. Submit this form to the Department via email at: [DDA\\_HempProgram@delaware.gov](mailto:DDA_HempProgram@delaware.gov)

### LICENSED PRODUCER INFORMATION

Current Hemp License Number:		Date:
Name: (Last, First, Middle)		
I choose to accompany the Sampling Agent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, indicate Authorized Representative below)
Information for Authorized Representative:		
Name:		

### GROWING SITE INFORMATION

Lot Number:		
Farm Name/Structure Name		
Growing Site Address:		
GPS Coordinates:	Latitude:	Longitude:
Lot Size:	Acres:	Square Feet:
Expected Date of Harvest: (Harvest must be completed within 15 days of regulatory sample collection.)		

<b>Lot Number:</b>		
<b>Farm Name/Structure Name</b>		
<b>Growing Site Address:</b>		
<b>GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Lot Size:</b>	<b>Acres:</b>	<b>Square Feet:</b>
<b>Expected Date of Harvest: (Harvest must be completed within 15 days of regulatory sample collection.)</b>		

<b>Lot Number:</b>		
<b>Farm Name/Structure Name</b>		
<b>Growing Site Address:</b>		
<b>GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Lot Size:</b>	<b>Acres:</b>	<b>Square Feet:</b>
<b>Expected Date of Harvest: (Harvest must be completed within 15 days of regulatory sample collection.)</b>		

<b>Lot Number:</b>		
<b>Farm Name/Structure Name</b>		
<b>Growing Site Address:</b>		
<b>GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>
<b>Lot Size:</b>	<b>Acres:</b>	<b>Square Feet:</b>
<b>Expected Date of Harvest: (Harvest must be completed within 15 days of regulatory sample collection.)</b>		





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## DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM PRODUCER ANNUAL REPORT

The Producer Annual Report captures production activity from November 1 and October 31. Annual Reports must be submitted to the Department by **December 1** via email at: [DDA\\_HempProgram@delaware.gov](mailto:DDA_HempProgram@delaware.gov).

### LICENSED PRODUCER INFORMATION

<b>Current Hemp License Number:</b>		<b>Reporting Period:</b> November 1, 20__ – October 31, 20__
<b>Name: (Last, First, Middle)</b>		
<b>Phone:</b>		
<b>Email:</b>		
<b>Update Information:</b> If your mailing address or any other contact information has changed, please provide it here:		

### ACREAGE INFORMATION

<b>Total Planted:</b>	Acres	Square Feet
<b>Total Harvested:</b>	Acres	Square Feet
<b>Total Disposed of for Non-Compliance:</b>	Acres	Square Feet
<b>Total Disposed of for Other Reasons:</b>	Acres	Square Feet
<b>List Other Reasons:</b>		

INTENDED USE (CHECK ALL THAT APPLY)

☐ CBD    ☐ Seed    ☐ Propagative Material    ☐ Fiber    ☐ Grain    ☐ Other \_\_\_\_\_

PLEASE INDICATE THE FOLLOWING INFORMATION

Type of Storage Used:	
Type of Processing Used:	
Name of Handler Used:	

ACKNOWLEDGEMENT STATEMENT

I affirm that the information contained in my annual producer report is accurate and true.

**Licensed Producer's Name**

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

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

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



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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: \_\_\_\_\_



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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 by 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.





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## 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

<b>Applicant Name:</b>		<b>Date:</b>
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### FACILITY INFORMATION

#### Facility 1

<b>Contact Information:</b>	<b>Name:</b>	<b>Phone:</b>		
<b>Facility Address:</b>				
<b>Facility GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>		
<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.				
<b>Intended End Product</b>				
<b>Describe Intended End Product Leaving Facility:</b>				
<b>Intended Destination of End Product:</b>	<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

<b>Contact Information:</b>	<b>Name:</b>	<b>Phone:</b>		
<b>Facility Address:</b>				
<b>Facility GPS Coordinates:</b>	<b>Latitude:</b>	<b>Longitude:</b>		
<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.				
<b>Intended End Product</b>				
<b>Describe Intended End Product Leaving Facility:</b>				
<b>Intended Destination of End Product:</b>	<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

<b>Applicant's Name</b>  Printed: _____  Signature: _____  Date: _____	<b>Landowner(s) (if different from applicant)</b> <b>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.</b>  Printed: _____  Signature: _____ Date: _____
--	---