



UNITED STATES DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE  
USDA DOMESTIC HEMP PRODUCTION PROGRAM  
**USDA HEMP LICENSE APPLICATION AND RENEWAL**

**Instructions:**

All applications, whether new or for renewal, must comply with the requirements as described in 7 CFR Part 990. Once the U.S. Department of Agriculture (USDA) approves a license application or license renewal, it will issue a producer license. Licenses are only valid until December 31<sup>st</sup> of the third year from the date issued. All applications, whether for a new license or a license renewal must include a criminal history report.

As part of the new application or application renewal process, individual applicants and key participants of a business must submit a completed Federal Bureau of Investigation (FBI) Identity History Summary (<https://www.fbi.gov/services/cjis/identity-history-summary-checks>). USDA will not accept criminal history reports completed more than 60 days before the submission of an application.

USDA will approve or deny new license or license renewal applications within 60 calendar days, and applicants will be notified of the result either by letter or email.

This application shall be submitted to the USDA using a digital format compatible with USDA's information sharing systems, whenever possible. All information submitted must be accurate, legible, and complete. If submission through USDA's information sharing system is not possible, complete and submit this application along with your completed FBI Identity History Summary to:

By Mail:  
USDA/AMS/Specialty Crops Program  
Hemp Branch  
470 L'Enfant Plaza S.W.  
P.O. Box 23192  
Washington, D.C. 20026

Or via Email at:  
[Forms.Hemp@usda.gov](mailto:Forms.Hemp@usda.gov)

Or via Fax at:  
(202) 720-8938

**1) Type of Application:**

- New Application** (*First time USDA applicant*)
- Renewal Application** (*Current or previous USDA producer*)

\_\_\_\_\_  
Current USDA License Number:

**2) Type of License:**

- Individual**
- Business Entity**
- Research Institution**

**3) In which state or territory do you intend to grow hemp?** \_\_\_\_\_

*If you intend to grow hemp in more than one state or territory you must submit a separate application for each state or territory you intend to grow in.*

**4) Personal Information** (*Only complete this section if applying for an individual producer license, or as an individual producer that will grow on behalf of a research institute.*)

Applicant Name: ( <i>First, Middle, Last</i> )	
Physical Mailing Address: <i>Street:</i>	<i>City:</i>
<i>State:</i>	<i>Zip Code:</i>
Email Address:	Telephone Number:
Secondary Contact (if applicable): ( <i>First, Middle, Last</i> )	
Secondary Physical Mailing Address: <i>Street:</i>	<i>City:</i>
<i>State:</i>	<i>Zip Code:</i>
Email Address:	Telephone Number:

**5) Research Institution** *(Complete this section if you are applying as a research institution. If you are registering as an individual who will be growing on behalf of a research institution, please complete this section **and** the Personal Information section above.)*

Research Institution Name:
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Primary Researcher Name: <i>(First, Middle, Last of the person responsible for the management of the research project)</i>
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Primary Researcher Email Address:	Primary Researcher Telephone Number:
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Purpose and Summary of Research:
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Research Institution Physical Address: <i>Street:</i>	<i>City:</i>
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<i>State:</i>	<i>Zip Code:</i>
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Research Institution Primary Contact Email Address:	Research Institution Primary Contact Telephone Number:
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**6) Business Entity** *(Only complete this section if applying as a business entity.)*

Business Name:	Primary Contact for the Business: <i>(First, Middle, Last)</i>
EIN Number: <i>(if applicable) Note: do not include a social security number.</i>	

Principal Business Address: <i>Street:</i>	<i>City:</i>
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<i>State:</i>	<i>Zip Code:</i>
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Email Address:	Telephone Number:
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**6) Name and Title of Key Participants** (*Key Participants should only be listed for business entities and research institutions. Key participants are those individuals within a research institution or business entity responsible for ensuring regulatory compliance as described in 7 CFR Part 990. Examples of key participants in a business entity include an owner, partner in a partnership, persons at executive levels including chief executive officer, chief operating officer and chief financial officer; examples of key participants in a research institution include a lead researcher, department head in charge of hemp research, or laboratory manager. Please submit an FBI criminal history report for each individual listed as a key participant.*)

Name	Position within Entity
Print Name (First, Middle, Last)	Title
Print Name (First, Middle, Last)	Title
Print Name (First, Middle, Last)	Title

**7) Criminal History Report** (*Include for both new applications and renewal applications*)  
 Include a copy of the completed FBI Identity History Summary for each applicant and key participant(s), if applicable. More information on this process is available on the FBI website: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. The FBI Identity History Summary must have been completed within 60 days of submission of this application. If the FBI Identity History Summary reveals that the applicant or a key participant has a felony conviction related to a controlled substance under State or Federal law that occurred within 10 years of the application, the applicant will not be licensed under the USDA Domestic Hemp Production Program.

A USDA license will be immediately revoked if the USDA licensee: (1) Pleads guilty to, or is convicted of, any felony related to a controlled substance; (2) made any materially false statement.

**By signing below, all applicants agree to abide by all rules and regulations of the USDA Domestic Hemp Production Program, 7 CFR Part 990, and certify the information provided in this application is accurate and truthful.**

Print Name (First, Middle, Last)	Title or Position within Entity	Date	Signature
Print Name (First, Middle, Last)	Title or Position within Entity	Date	Signature
Print Name (First, Middle, Last)	Title or Position within Entity	Date	Signature

**The following statements are made in accordance with the Privacy Act of 1974 (U.S.C.522a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the 7 CFR Part 990 Domestic Hemp Program (Program). The purpose of collecting this information is for USDA to administer the Program and the information provided on this form will be used to monitor Program participants. Failure to provide the information requested on this form may result in ineligibility to participate in the Program.**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0318. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or 3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.