

North Carolina Department of Agriculture and Consumer Services

Industrial Hemp Pilot Program: Industrial Hemp License Amendment Form

Per Proposed Temporary Rules 02 NCAC 62.0107 (14) & (15) Any Changes must be reported within one month of deviation.

Your Name / Licensee Name:
Your NC Industrial Hemp License Number:
Date:
Pre-Amendment Acreage:
Pre-Amendment Greenhouse ft ² :
Pre-Amendment Varieties:
Planting Area Increase (Acreage or Greenhouse ft²)
NOTE: For increased acreage or greenhouse ft² there is a fee of \$2 per acre for field acreage and \$2 per 1000ft² of greenhouse space e.g. (.5 acre = \$2 or 1005ft² = \$4)
Acreage to be added (e.g. 15 acres):
New total Acreage:
GPS for new acreage (e.g. 35.782855, -78.642814):
County for new acreage (e.g. Wake):
Greenhouse ft ² to be added (1000ft ²):
New total Greenhouse ft ²
GPS for new greenhouse ft ² :
County for new greenhouse ft ² :
Comments:
Planting Area Decrease (Remove from License) (Acreage or Greenhouse ft²)
Acreage to be removed:
New total Acreage:
Acreage GPS to be removed:
County of removed acreage:
Greenhouse ft ² to be removed:
New total Greenhouse ft ² :
Greenhouse ft ² GPS to be removed:
County of removed greenhouse ft ² :
Comments:
Planting Area Location Change (Acreage or Greenhouse ft²)
County of original planting location:
GPS of original planting location:
County of new planting location:
GPS of new planting location:
Retain original location on my license: <input type="checkbox"/> Yes <input type="checkbox"/> No (Check ONE)
Comments:
Storage Area Location Changes
County of original storage location:
GPS of original storage location:
County of new storage location:
GPS of new storage location:
Retain original storage location on my license: <input type="checkbox"/> Yes <input type="checkbox"/> No (Check ONE)
Comments:
Attest / or "I have fully read and reviewed all information submitted": <input type="checkbox"/>
Licensee: Print Full Name:
Licensee Signature and Date:

Where applicable, please send any required fees to complete your amendment.

North Carolina Department of Agriculture and Consumer Services

Industrial Hemp Pilot Program: Industrial Hemp License Amendment Form

Per Proposed Temporary Rules 02 NCAC 62.0107 (14) & (15) Any Changes must be reported within one month of deviation.

Hemp Variety Additions

(Fill out a new form for each Variety)

(Attach Recent THC Report and Industrial Hemp License of Clone/Seed provider)

Your Name / Licensee Name:
Your NC Industrial Hemp License Number:
Name of Variety/Strain to added:
Origin of seed/clones (State/Country):
Source Company and License Number:
Certifying Agency (if applicable or non-certified none):
GPS coordinates of Variety (Please indicate if it is in multiple locations):
Intended Planting / Planted Date of Variety (If known):
Date of Flowering (If known):
Comment:
Under penalty of law, I attest that the variety or varieties of industrial hemp seed and transplants shall include a certifying tag of varietal purity issued by NCCIA or another official certifying agency as defined in G.S. 106-277.2(23); or seed or transplants have accompanying documentation of being produced by a licensed grower within the state of production, and have accompanying documentation that the crop from which the seed or transplants were harvested had a THC analysis of 0.3% or less by dry weight.
Signature and Date:

List other amendments here:

NOTE: For large amendments you can print attachments to send in with the amendment form.

Where applicable, please send any required fees to complete your amendment.

Make checks payable to NCDA&CS and mail to:

NCDA&CS
Attn: Paul Adams
1005 Mail Service Center
Raleigh, 27699

You can email a copy of this form to: IndustrialHempRequests@ncagr.gov