

Alaska Department of Natural Resources
Division of Agriculture
Plant Materials Center
5310 S. Bodenburg Spur
Palmer, AK 99645
PHONE: (907) 745-4469 FAX: (907) 746-1568



This application is for a 1-year HEMP GROWER REGISTRATION. Non-refundable Application Fee: \$100
Mail to: Attn: Hemp Program 5310 S. Bodenburg Spur, Palmer, AK 99645, or Email to: industrialhemp@alaska.gov

Please include with this application all required fees, maps, and background check(s). An applicant is not authorized to grow or cultivate hemp until it has received the approval notice with registration number from the Division.

Background Checks are required annually for the primary applicant to determine eligibility under 7 CFR 990.6(e)(1) and as required and defined in AS 03.05.076(a)(3)(A). The report must be dated within 60 days of the application date. **A grower registration approval will not be issued until a background check report is submitted.**

1. Business Information.

New Application **Renewal**

Business Name: _____

Federal EIN : _____ Licensed by the State Yes No

Business License # _____ Owners as identified on license: _____

Ownership Structure: LLC Corporation Partnership Sole proprietorship Other, If other please list _____

Business Mailing Address _____

Business Physical Address _____

2. Applicant Name and Contact Information.

Primary Contact:

Title: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Optional Secondary Contact:

Title: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

6. Seed Source and Varieties. (attach additional sheets as necessary)

Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Varieties: _____	

7. Criminal History.

Has the person responsible for management of hemp or any officer, director, stockholder, or person with executive managerial control over the entity seeking a license been convicted of a drug-related felony in any court of the U.S. or any state or territory in the past 10 years?

If yes, please explain.

YES NO

By signing below, I attest that under penalty of unsworn falsification that 1) the application is true, correct, and complete; 2) the signatory has authority to bind the applicant; 3) the applicant has read and is familiar with AS 03.05.010, 03.05.076 – 03.05.100, and this chapter; and 4) the applicant has not been convicted of a felony described in AS 03.05.076(a)(3)(A) or (B). I understand that if the Division later determines that any of this information to be false or inaccurate, the registration may be suspended or revoked.

I understand that before a grower registration will be approved Alaska law requires the primary applicant to obtain a background check (criminal history report) in accordance with 7 CFR 990.6(e)(1) and AS 03.05.076(a)(3)(A) Yes No

I understand that I am required to report my hemp crop acreage to the Farm Service Agency (FSA) within 10 days from the date the hemp was planted. Yes No

I understand that FSA issued lot numbers will be required by the division when performing on-site hemp sampling and testing for THC compliance. Yes No

I understand that a planting report must be submitted not later than 30 days after planting. Registrants must enter in the "FSA number" on the division Planting Reports for each lot of hemp. Yes No

Name (print): _____	Date: _____
Signature: _____	
Business Name: _____	