

Welcome to the Louisiana Department of Agriculture & Forestry

Industrial Hemp Program Regulatory Orientation Meeting

*Lester Cannon
Seed Programs Director*



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INDUSTRIAL HEMP PROGRAM

- Presentation will be posted on the LDAF Website:
<http://www.ldaf.state.la.us/industrial-hemp/>
- Tribal lands
 - LDAF has no authority
 - MUST submit tribal plan, or
 - Work under the federal plan



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INDUSTRIAL HEMP PROGRAM

- Local Ordinances
 - Can prohibit IH production
 - One instance (Bastrop)
- Processing
 - Converting raw IH into a marketable form
 - Adding cannabis extracts to essential oils
 - All other processing of IH into marketable forms

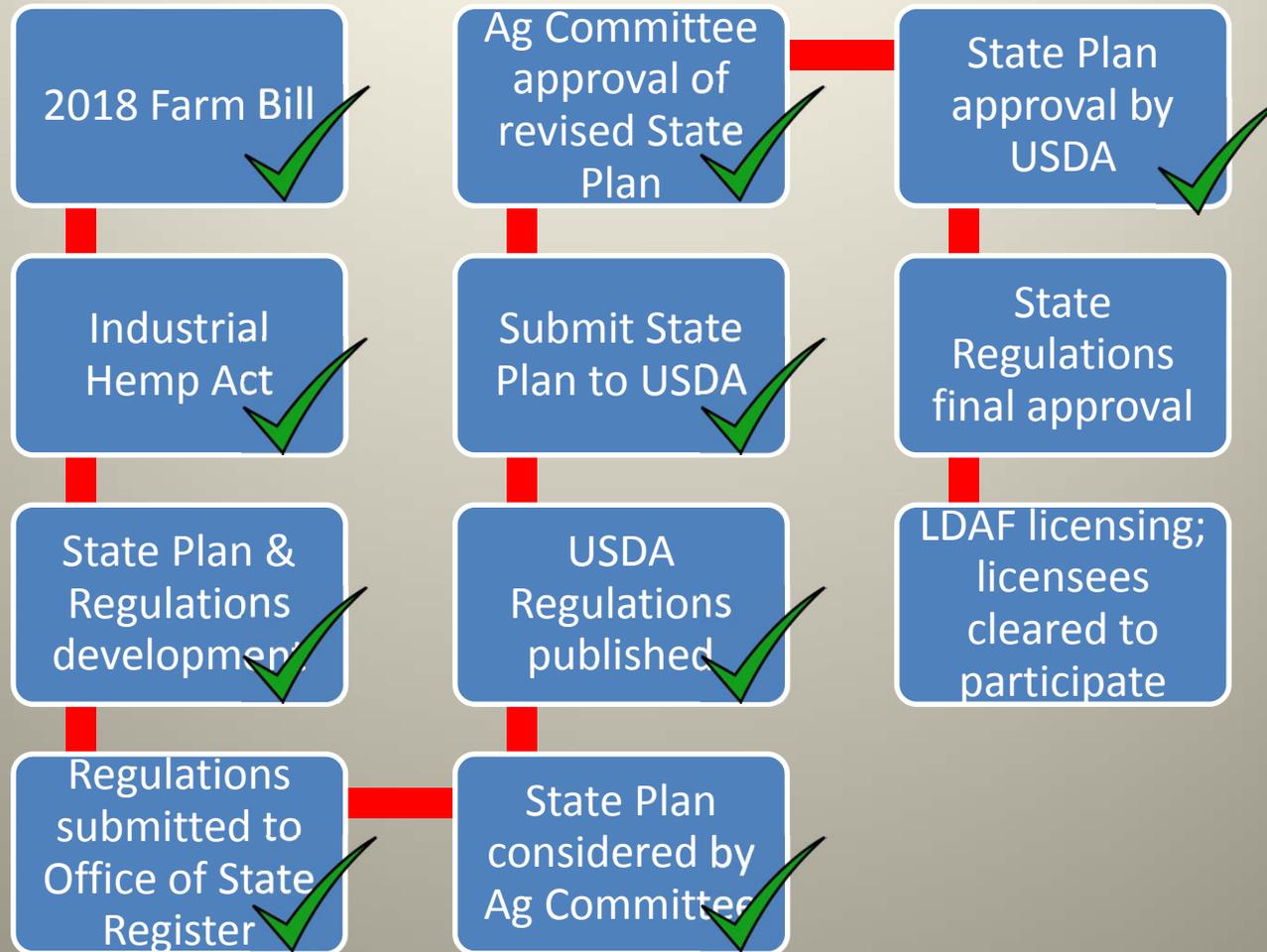


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REGULATORY HURDLES



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REGULATORY AUTHORITY

	LA Department of Agriculture & Forestry (LDAF)	LA Dept. of Health (DH)	Office of Alcohol & Tobacco Control (ATC)
Cultivation	✓		
Seed Production	✓		
Transportation (raw materials)	✓		
Processing (human use)	✓	✓	
Processing (non-human use)	✓		
Product Labeling (human use)		✓	
Product Labeling (non-human use)	✓		
Retail Business (permitting/human use)			✓



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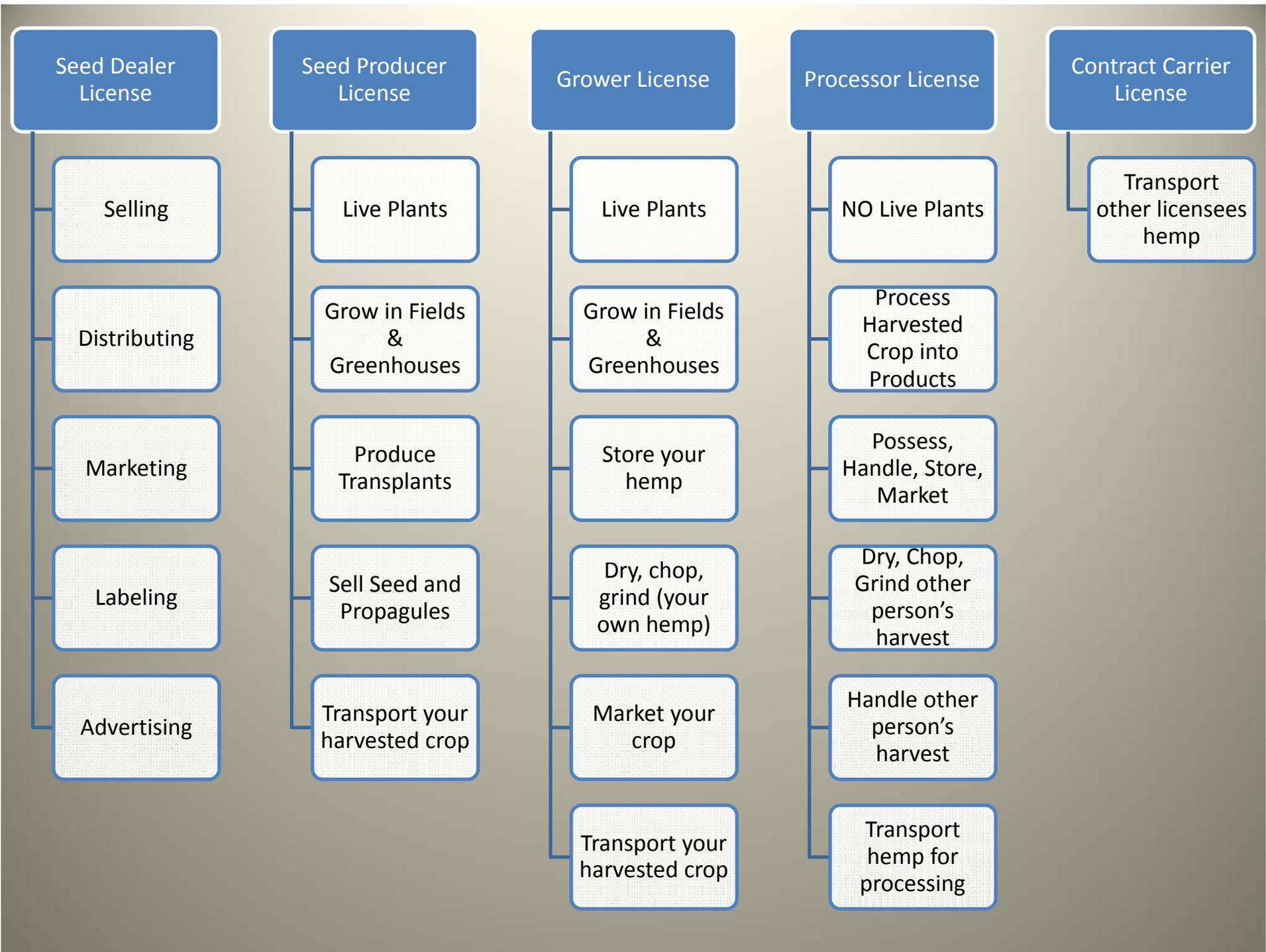
INDUSTRIAL HEMP LICENSES



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Seed Dealer License

Selling

Distributing

Marketing

Labeling

Advertising

Seed Producer License

Live Plants

Grow in Fields & Greenhouses

Produce Transplants

Sell Seed and Propagules

Transport your harvested crop

Grower License

Live Plants

Grow in Fields & Greenhouses

Store your hemp

Dry, chop, grind (your own hemp)

Market your crop

Transport your harvested crop

Processor License

NO Live Plants

Process Harvested Crop into Products

Possess, Handle, Store, Market

Dry, Chop, Grind other person's harvest

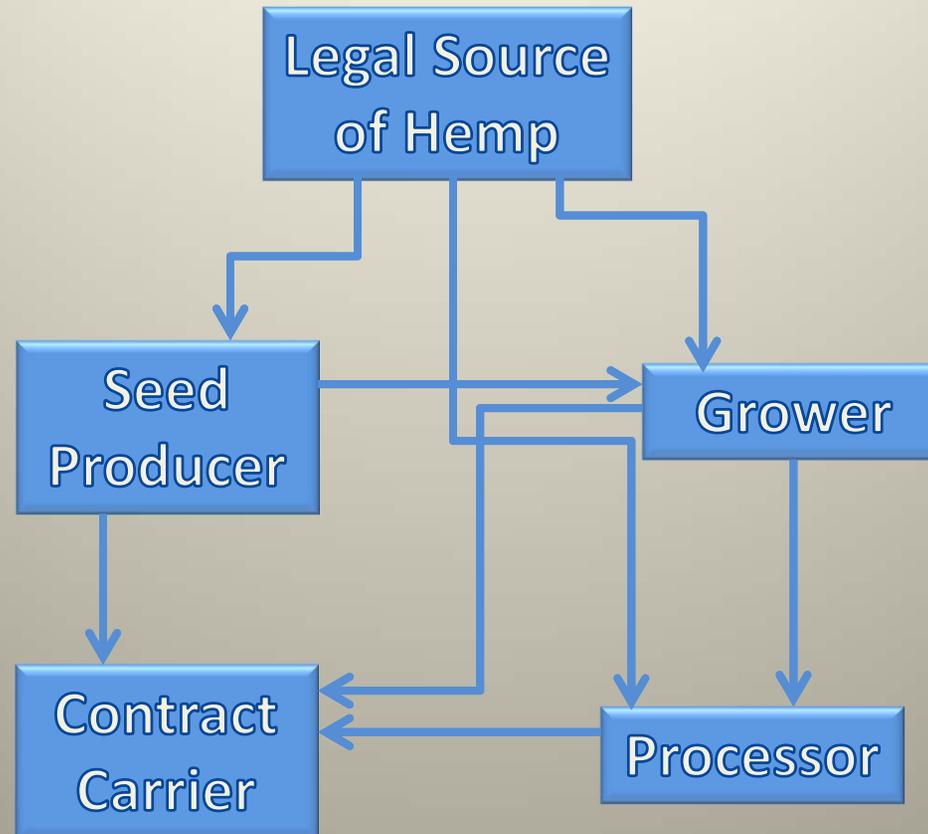
Handle other person's harvest

Transport hemp for processing

Contract Carrier License

Transport other licensees hemp

RELATIONSHIP BETWEEN LICENSEES



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GENERAL LICENSE REQUIREMENTS

- Applications processed through LDAF Industrial Hemp Program
- License will expire at the end of each calendar year
 - Renewals by Nov 30th each year
- Licensee shall **not** allow unlicensed person “**not employed by them**” to grow, cultivate, handle, store or process under their license
- Must be **18** yrs of age



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GENERAL LICENSE REQUIREMENTS

- No **felony** within **10** years
- No **drug-related misdemeanor** within **2** years
- Must provide all application documentation to be considered
- If applying for multiple licenses, application for each
 - \$500 each
- Any changes to application material must be submitted to LDAF in writing within **15** days of the change
 - Change in **growing, handling or storage location**
 - Change in **business ownership**



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SEED ACQUISITION AND APPROVAL



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SEED ACQUISITION AND APPROVAL

- Purchaser must possess a LA Industrial Hemp License
 - Do not buy, sell or transfer to or from any person without verifying LDAF Industrial Hemp License or license/permit from state of origin
- *Seed Acquisition Request* form
 - Submit to LDAF minimum 2 weeks prior
 - Obtain written approval from LDAF
- Certified/non-certified seed from other states/countries
- Certificate of Analysis
 - Legitimate third-party laboratory



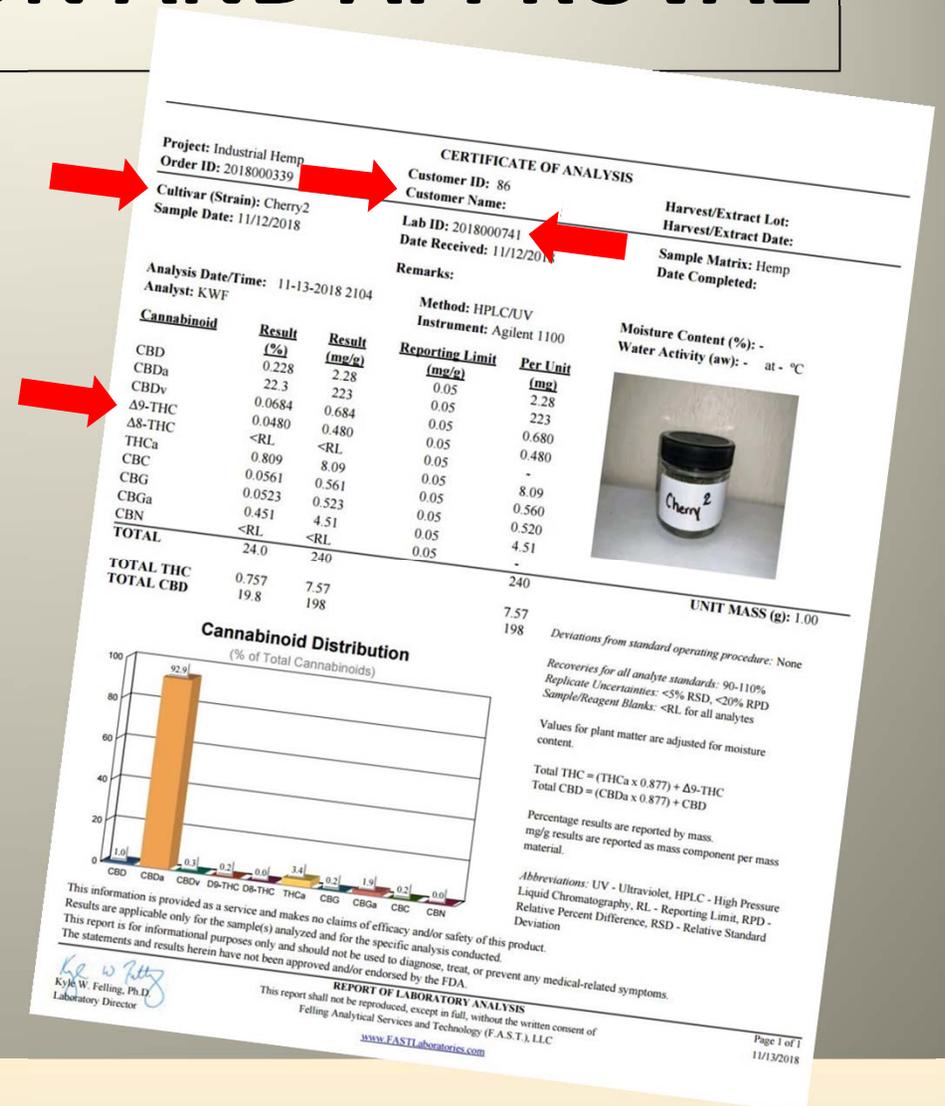
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SEED ACQUISITION AND APPROVAL

- Mature parent material
- Lab ID Number
- Variety/strain name
- Seed Owner at time of testing
- THC level ($= < 0.3\% \text{ THC}$)



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SEED ACQUISITION REQUEST FORM

INDUSTRIAL HEMP SEED ACQUISITION REQUEST FORM

LA Industrial Hemp Licensee Name: John Hemp	License Number: 22_00001
Name of Designated Responsible Party (if business): Jane Hemp	
Email: jane@johnshempcompany.com	Phone: 225-412-6359

1) Complete all seed and variety information in the table below

Seed Source: (Company Name and State)	Variety/Strain (of Seed and/or Propagules Requested)	Form of Material	Quantity (weight in lbs. or number of plants)	Certificate of Analysis ID No. (THC Test)	FOR LDAF OFFICE USE ONLY	
					LDAF Approved (Yes/No)	LDAF Agent Signature
<i>Ex: ABC Hemp, LA</i>	<i>Hemp 01</i>	<i>Seed</i>	<i>1,500 lbs.</i>			
<i>Ex: USA Hemp, CO</i>	<i>CBD100</i>	<i>Rooted cuttings</i>	<i>100 plants</i>			
Giant Hemp Co, SC	Giant 8	Propagules	1000 plants	7415236		
High Hemp Co, KY	High Five	Seed	500 lbs	741256938		



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SEED ACQUISITION REQUEST FORM

2) If the requested seed shipment will be distributed to other LDA industrial hemp licensees, you must complete the table below for each subsequent shipment. Distributors of seed in one (1) lb. or greater packages must possess a current Louisiana Seed Dealer License.

	Industrial Hemp Licensee Name	Industrial Hemp License Number	Seed/Propagule Quantity	Variety/Strain
1.	James Hemp	22_00002	250 lbs	High Five
2.				
3.				
4.				
5.				
6.				

*Copy this sheet and attach additional sheets as necessary.

Number of additional sheets attached: _____


 Signature of Applicant or Designated Responsible Party

John Kemp
 Name of Licensee or Designated Responsible Party

04/26/2020
 Date



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SEED ACQUISITION AND APPROVAL

Hemp and the Louisiana Seed Law & Regulations...



- Industrial Hemp seed sold/distributed into or within LA is subject to Louisiana Seed Law and Regulations
 - Sellers/distributors must possess a LA Seed Dealer License
 - Labeler/Guarantor who sells or distributes, must have a complete analysis test performed on the seed
 - Contain minimum purity/germination quality standards



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SEED ACQUISITION AND APPROVAL

QUESTIONS?



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SEED QUALITY AND LABELING

Louisiana Department of Agriculture & Forestry
Agricultural & Environmental Sciences
Seed Programs Division

David Johnston RST, CSA
Seed Programs Coordinator



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Industrial Hemp Seed

Overview of topics for this presentation:

- Industrial Hemp seed label
- Information legally required to be stated on a seed label
- What does seed label information represent
- Seed Lab “Report Of Analysis” (ROA)
- Analytical Lab “Certificate Of Analysis” (COA)
- Seed certified under AOSCA...What it is and what it is not
- Benefits of purchasing certified seed
- Questions and Comments



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Industrial Hemp (IH) Seeds

Have you seen
hemp seed before?



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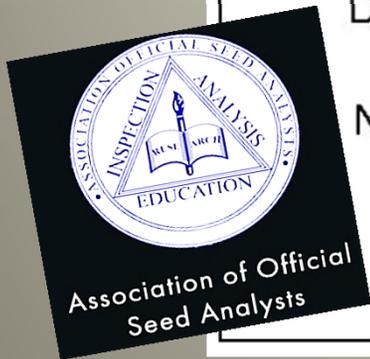
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IH – Example Seed Label

KIND:	HEMP	LOT#	19000
VARIETY:	XXXXX		
PURE SEED	95.00%	NET WEIGHT	5 POUNDS
INERT MATTER	01.75%	ORIGIN	CO
OTHER CROP SEED	02.90%		
WEED SEED	00.35%	TEST DATE:	09/2018
GERMINATION	48%		
DORMANT SEED	27%		

NOXIOUS-WEED SEED PER POUND: 18 Buckhorn Plantain

Super Hemp, Inc.
6606 W. Hemp Ave,
Hemp, USA 00000



Label claims must be obtained from a lab using “*AOSA Rules for Testing Seed*” methods.



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IH – Seed Label Requirements

- 1) **Kind and Variety (Strain):** Kind of seed in the container and the unique variety or strain.
- 2) **Pure Seed:** Percentage by weight to two decimal places of the desired kind of seed.
- 3) **Inert Matter:** The percentage by weight to two decimal places of material other than seeds (e.g. seed half or less of original size, seed coats, insects, stones, soil, stems, leaves, etc.).
- 4) **Other Crop Seed:** Percentage by weight to two decimal places of seeds that are not stated on the label.
- 5) **Weed Seed:** The percentage by weight to two decimal places of common weed seeds (i.e. weed seeds not listed as “restricted” or “prohibited” noxious weeds by law/regulations in the State where the seed is being sent).
- 6) **Noxious Weed Seed:** The name and number per pound of restricted noxious weed seeds whose presence is limited by State law/regulations in the State where the seed is being sent. *(NOTE: Prohibited noxious weed seeds are not permitted in any seed lot offered for sale.)*



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IH – Seed Label Requirements

KIND:	HEMP	LOT# 1900
VARIETY:	XXXXX	
PURE SEED	95.00%	NET WEIGHT
INERT MATTER	01.75%	ORIGIN
OTHER CROP SEED	02.90%	TEST DATE: 09
WEED SEED	00.35%	
GERMINATION	18%	
DORMANT SEED	27%	

NOXIOUS-WEED SEED PER POUND: 18 Buckhorn P
Super Hemp, Inc.



"How clean is my seed?"



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IH – Seed Label Requirements

- 7) **Germination:** The percentage of seed expected to grow under ideal growing conditions.
- 8) **Dormant:** The percentage of seed that did not germinate during the test period but were determined to be viable using TZ testing.
- 9) **Origin:** State or Country where the seed was grown.
- 10) **Net Weight:** Weight of the seed in the container. (Number of seeds in container may also be stated.)
- 11) **Lot Number:** Unique identification number/mark allowing the seed to be traced.
- 12) **Test Date:** Month and year the seed lot was tested to determine the germination/dormant seed percentages.
- 13) **Contact Information:** The name and mailing address of the company responsible for the labeled claims of the seed lot.



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IH – Seed Label Requirements

KIND:	HEMP	LOT#	19000
VARIETY:	XXXXX		
PURE SEED	95.00%	NET WEIGHT	5 POU
INERT MATTER	01.75%	ORIGIN	CO
OTHER CROP SEED	02.90%	TEST DATE:	09/2018
WEED SEED	00.50%		
GERMINATION	48%		
DORMANT SEED	27%		

NOXIOUS-WEED SEED PER POUND: 18 Buckhorn Plantain

Super Hemp, Inc.
6606 W. Hemp Ave,
Hemp, USA 00000



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IH – Seed Report Of Analysis

Required Tests:

- > Purity Exam
- > Nox. Weed Exam
- > Viability Test

Additional Info:

- > Seed Count

Colorado Seed Laboratory
XXXXXXXXXXXXXXXXXXXX
Fort Collins, CO 80521

Laboratory Report Of Analysis

Account No.	Date Received 10/30/18	Date Completed 11/08/18	Lab Number 19-1829
-------------	---------------------------	----------------------------	-----------------------

Information Provided by Sender			
Variety/Product	Boax		
Kind	Hemp		
Genus/Species	Cannabis sativa		
Lot Number	WARNER #2		
Class	Service		

Purity Analysis			Viability Analysis				
Component	in 50 grams	Purity	Germ Date	Germ	Dormant	Hard	Viable
Hemp	Cannabis sativa	99.72%	11/08/18	88	-N-	-N-	88
	Weed seed	0.00%					
	Crop seed	0.00%					
	Inert matter	0.28%					

Other Crop Seeds None Found	Noxious Weed Seeds in 500 grams None Found
	For: CO (P)Prohibited Noxious (R)Restricted Noxious

Weed Seeds None Found	Other Determinations
	Seed count 25,927 Seeds/lb

Status: Completed

Tests Requested: Germination, Purity, Seed count. No other tests requested.

WARRANTY: The Association warrants that the purity and germination test results reported on this form have been determined in accordance with AOSA rules unless otherwise specified. Test results reflect the condition of the submitted sample and may not reflect the condition of the seed lot from which the sample was taken.
DISCLAIMER OF WARRANTIES: THE ASSOCIATION MAKES NO OTHER WARRANTIES OF ANY KIND, EXPRESSED OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Signature: XXXXXXXX



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IH – Certificate Of Analysis

Required Tests:

> THC

Optional Test:

> CBD

AURUM LABS
Cannabinoi Potency and Contaminant Analysis Report

Certificate of Analysis

Sample Name: Cherry Wine
Sample Type: Plant, Flower - Cured, Outdoor
Sample ID: 1810AU0172.14800
Batch ID: 1A400071268029D000000020
METRC Tag: 1A400071268029D000000020

Hass Hemp LLC
12-C La Garita Ranchette
Del Norte, CO 81132
Lic. #403H-67318

Cannabinoid Profile

Analyte	LOQ	Amount	Amount
THCa	0.08	%	mg/g
Δ ⁹ -THC	0.08	0.33	3.3
Δ ⁸ -THC	0.04	ND	ND
CBDa	0.08	ND	ND
CBD	0.08	8.59	85.9
CBDVa	0.04	<LOQ	<LOQ
CBDV	0.04	0.29	2.9
CBN	0.04	ND	ND
CBGa	0.04	ND	ND
CBG	0.04	0.70	7.0
CBCa	0.04	<LOQ	<LOQ
CBC	0.04	0.74	7.4
CBL	0.04	ND	ND

Total Cannabinoids

Analyte	Total*
THC	0.29%
CBD	7.53%
CBG	0.62%
CBC	0.65%
CBDV	0.25%

*Total is the sum of the neutral (active) cannabinoid and the completely converted acidic cannabinoid.

Residual Solvent Analysis

Analyte	LOQ	Limit	Amount	Status
---------	-----	-------	--------	--------

Sample Photo



Please remember.....
ROAs and COAs are expressing lab tests of very different attributes of the material.



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Sample: 1810AU0172.14800

Confident Cannabis
All Rights Reserved
support@confidentcannabis.com
(866) 506-5866
www.confidentcannabis.com



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IH – Certified Seed



*Just because seed has been tested at a seed lab.....
...it **DOES NOT** mean that the seed is or has been
officially “**Certified**” under the
Assoc. of Official Seed Certifying Agencies
seed certification process!!!*



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IH – Certified Seed



Assoc. of Official Seed Certifying Agencies (AOSCA)

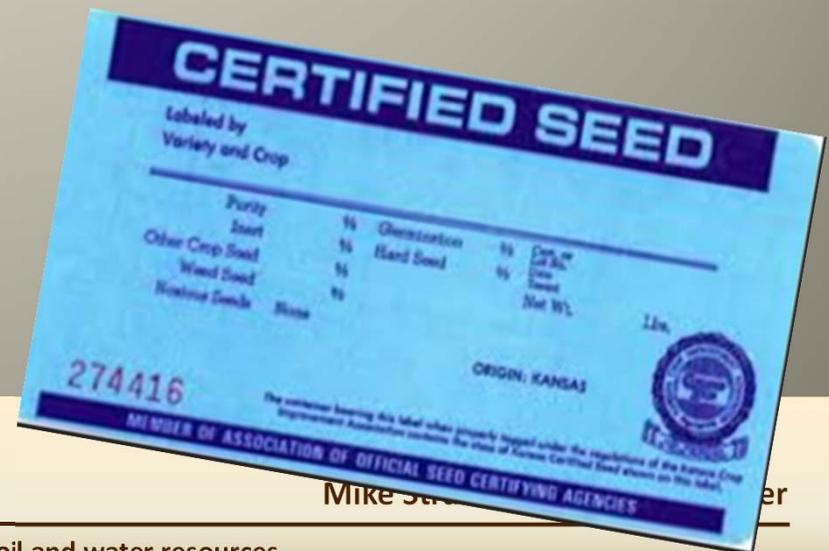
Website: <https://www.aosca.org/>

“The purpose of seed certification is to preserve genetic purity and varietal identity. It is an official AOSCA-agency program enabling seed companies to market genetically pure seed. Certification services are available for **field crops**, turf grasses, vegetables, fruits, **vegetatively propagated species (e.g. liners, clones, cuttings, etc.)**, woody plants and forbs. The four AOSCO seed classes are Breeder (Gold tag), Foundation (White tag), Registration (Purple tag), and Certified (Blue tag).

Once seed has been **certified**, it qualifies for the official “blue” certified seed tag and meets state, federal and international seed law requirements. **Certified (Blue tag)** seed is the progeny of Breeder, Foundation or Registered seed produced and handled to maintain satisfactory genetic purity and varietal identity.

Strict requirements for producing certified seed include:

- **Genetics** – only eligible propagation stock permitted
- **Land Requirements** - production field isolation
- **Field Standards** – production field inspections
- **Seed Standards** – min./max. impurity standards
- **Meets standards set by an AOSCA member (e.g. LDAF)**



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IH – Certified Seed

Why purchase Certified seed?

- Third party quality control production program for the planting material
- Third party verification/testing of planting material genetic purity
- Third party verification of planting material variety
- Third party testing for seed viability
- Third party testing for physical purity standards of the seed
- Third party inspection of the planting material production area
- Third party assurance of the quality of the planting material



Note: Seed are required by State regulatory and probably most AOSCA agencies to be tested for THC levels to be certified.



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Industrial Hemp Seed

THANK YOU
FOR
YOUR
ATTENTION
ANY QUESTIONS?



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Hemp – Quarantine related and Phytosanitary Concerns

Dr. Ansel Rankins

Horticulture & Quarantine Programs
Director



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What do we know at this time?

- The regulatory situation is fluid...
 - most states are implementing rules, or
 - do not have any regulations in place for hemp production.
- Some southern states do not have regulations in place for the allowance of hemp importation.



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Phytosanitary Certificate Information

- Document issued by the state of origin's regulatory agency (LDAF) indicating that a 3rd party inspected the material.
 - Inspection for pests and diseases.
 - Not issued if pests or diseases are found.
- Cost – If the value of the product is more than \$1250, the cost is \$106. If it is less than \$1250, cost is \$61.



Arkansas

- At this time, no quarantine on hemp seed or plants.
- In order to import into AR, the producer would have to be registered with LA's industrial hemp program. Seed producers would have to obtain an Arkansas seed labeler's license.
- A phytosanitary certificate will be required for nursery stock.
- Prior notification of shipment must given to AR Department of Ag Hemp Program.



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Mississippi

- No Hemp program at this time.
- Importation of hemp into MS is not allowed.
- Hemp is allowed to be moved through Mississippi.
- IH program is expected to be proposed to the Legislature in 2020.



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Texas

- Hemp is not allowed into TX at this time.
- Rules will be implemented in early 2020.
Need to contact LDAF or TDA prior to any movement of plant material into TX.
- Possible requirements:
 - Seed must be certified by LDAF.
 - Nursery stock will have to be accompanied by a state phytosanitary certificate.



Tennessee

- Currently, has a Hemp program (Rules established in 2015).
- Must show proof that the imported hemp's THC level is below 0.3%
- No state phytosanitary certificate is required.
- A copy of the industrial hemp seed producer license is not required but, recommended with all shipments.



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Seed and Transplants

- Producers of seed or hemp plants grown for transplanting must possess an Industrial Hemp Seed Producer License.
- A H&Q grower's permit is NOT required for seed or hemp plants grown for transplanting.
- A H&Q Grower's Permit and an Industrial Hemp Seed Producer license are required for nurseries growing both hemp and non-hemp plant material.



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Contact information

- For quarantine related questions:
- LDAF Horticulture & Quarantine main office number is 225-952-8100
- Email for Horticulture & Quarantine is horticulture@ldaf.state.la.us
- Contacts: Dr. Ansel Rankins Sr. (Director) and Richard Miller (Administrative Coordinator)



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Questions???



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SEED PRODUCER AND GROWER REQUIREMENTS



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REQUIREMENTS FOR SEED PRODUCERS AND GROWERS

- Sample and test plants growing if reason to believe violation has occurred
- Monitor and destroy volunteer IH plants for 3 years after cultivation
- Report crop acreage/sq footage to USDA Farm Service Agency
 - Address, GPS for each field or indoor growing structure
 - Acreage or sq footage
 - LDAF Industrial Hemp License Number



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SIGNAGE

- Template supplied with license by LDAF
- Located at main entrance
- 8.5" x 11" for greenhouse/indoor structure
- 18" x 24" for fields
- May be larger with additional information – requires LDAF approval
- Must remain during the entire crop cycle

NOTICE

**THIS SITE IS REGISTERED
WITH THE**



**LOUISIANA DEPARTMENT OF
AGRICULTURE & FORESTRY**

**INDUSTRIAL HEMP CROP
LOW THC**

LICENSE NO. _____

FOR MORE INFORMATION, CALL 225-925-4733



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RESTRICTIONS



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LAND USE RESTRICTIONS

- Residential structures are OUT
- No outdoor growing within 1,000 ft of a school, daycare or similar public area
- Must own or lease property to grow, cultivate, handle or process industrial hemp



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RESTRICTIONS FOR SALE OR TRANSFER

- Licensee **SHALL NOT** sell or transfer or permit the sale or transfer of living industrial hemp plants, viable plant parts, or seeds to any person in LA who is not licensed by LDAF
- Licensee may transfer up to 1 lb of industrial hemp plant or plant parts per transfer to testing laboratory
- Licensee **SHALL NOT** store live industrial hemp plants or propagating stock at any location not approved by LDAF



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PROHIBITIONS



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PROHIBITIONS

- NO PERSON SHALL:
 - Sell, offer for sale, expose, distribute or transport IH seed **NOT** produced in accordance with the Industrial Hemp Program
 - Fail to comply with sample collection and testing requirements prior to harvest or crop destruction of plants or plant parts
 - Detach, alter, deface or destroy required documentation
 - Alter, substitute or misrepresent seed



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PROHIBITIONS

- NO PERSON SHALL:
 - Hinder or obstruct authorized agents of LDAF in performance of their duties
 - Fail to comply with licensing and reporting requirements
 - Fail to keep records and provide them to LDAF upon request
 - Fail to monitor and/or destroy volunteer IH plants for 3 years following cultivation



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PROHIBITIONS

- NO PERSON SHALL:
 - Provide **false, misleading** or **incorrect** information to LDAF regarding cultivation, processing or transportation
 - Plant, grow, store, transfer, or process IH on sites **not approved** in application or site modification request
 - Sell or transfer, or permit the sale or transfer of living IH plants or plant parts to anyone within LA **without** a license
 - **Comingle** harvested IH plant parts from one plot with harvested IH plant parts from another plot



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REPORTS



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PLANTING REPORT

- USDA FSA Lot ID number for each location ID submitted on application
- Acres or sq footage planted by Lot ID
- Varieties planted by LOT ID
- Anticipated harvest date by LOT ID
- Report if field not planted
- Due within 15 days of planting
 - Outdoor
 - Indoor
- Quarterly Reporting
 - Indoor



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FIELD PLANTING REPORT

Applicant Information	
Licensee or Designated Responsible Party Name: Jane Hemp	License No: 22-00001
Email: jane@johnshempcompany.com	Cell Phone: 225-124-3578
Farm Name & Address (MUST match address listed on application) : Purple Acres Farm	
124 Purple Haze Rd, Creole, LA 70632	

1) Complete the following table for Field Location IDs. Additional table rows found on page 2.

NOTE: The Location ID MUST match the ID listed on your application or *Site Modification Request*.

Field ID (given on application)	Corresponding FSA Lot No:	Variety/ Strain	Seeds/ Transplants	Source of planting stock	Area Planted (acres)	Intended Purpose of Crop	Date Planted	Expected Harvest Date	Check if this a replant	Check if NO Planting will occur
<i>EX: Field 1A</i>	<i>45IH</i>	<i>Hemp 11</i>	<i>Seeds</i>	<i>Hemp Supply Co</i>	<i>5 acres</i>	<i>Grain</i>	<i>4/29/20</i>	<i>8/15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prairie Field	1452	Purple Blossom	Seeds	The Hemp Company	10	Fiber	05/15/2019	09/15/2019		



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Licensee Name: Jane Hemp

Field Planting Report Table (continued from page 1)

Field ID (given on application)	Corresponding FSA Lot No:	Variety/ Strain	Seeds/ Transplants	Source of planting stock	Area Planted (acres)	Intended Purpose of Crop	Date Planted	Expected Harvest Date	Check if this a replant	Check if NO Planting will occur
EX: Field 1A	451H	Hemp 11	Seeds	Hemp Supply Co	5 acres	Grain	4/29/20	8/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2) Do you intend to plant additional hemp at this address this year? Yes No

If "Yes," explain: _____

3) If you did not plant all of the approved field(s), attach an updated version of the map for this address. Include the following new information on the map.

- Circle only the area planted in each field.
- Mark an "X" through the field, or portion of a field where hemp will NOT be planted. Additionally, write the Location ID for this no-plant field in the table on Question (1) and mark the "No Planting" column.

I hereby verify and affirm that all of the information contained in this *Field Planting Report* is true and accurate. I also understand that if LDAF later determines any of this information to be false or inaccurate, my license may be revoked.

Jane Hemp
Signature of Licensee/Designated Responsible Party

05/31/2020
Date

Jane Hemp
Printed name of Licensee/Designated Responsible Party

Manager
Title

If this address has greenhouse /indoor production, you must also submit a completed *Greenhouse/Indoor Planting Report* form.



INDOOR PLANTING REPORT

Applicant Information	
Licensee or Designated Responsible Party Name: Jane Hemp	License No: 22-00001
Email: jane@johnshempcompany.com	Cell Phone: 225-145-8956
Farm Name & Address (MUST match address listed on application) : Johns Hot House	
124 Purple Haze Rd, Creole, LA 70632	

1) Complete the table below. Indicate new plantings during this quarter.

NOTE: Keeping potted plants outside next to a greenhouse/indoor structure is only permitted temporarily for specific reasons.

Location ID (given on application)	Corresponding FSA Lot No:	Variety/ Strain	Seeds, Cuttings or Transplants	Source of seed or planting stock	Area Planted (sq. ft.)	Intended Purpose of Crop	Date Planted	Expected Harvest Date	Check if no plants this quarter
<i>EX: GH 1A</i>	<i>451H</i>	<i>Hemp 11</i>	<i>Cuttings</i>	<i>Hemp Supply Co</i>	<i>1,500 sq. ft.</i>	<i>Oil</i>	<i>4/29/20</i>	<i>8/15</i>	<input type="checkbox"/>
Building 1	4512	Mother Hemp	Cuttings	The Hemp Company	500 sq ft	CBD	05/01/2019	08/15/2019	



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Licensee Name: Jane Hemp

Greenhouse/Indoor Planting Table (continued from page 1)

Location ID (given on application)	Corresponding FSA Lot No:	Variety/Strain	Seeds, Cuttings or Transplants	Source of seed or planting stock	Area Planted (sq. ft.)	Intended Purpose of Crop	Date Planted	Expected Harvest Date	Check if no plants this quarter
EX: GH 1A	45IH	Hemp 11	Cuttings	Hemp Supply Co	1,500 sq. ft.	Oil	4/29/20	8/15	<input type="checkbox"/>

2) Indicate Quarter(s) for this report: First Planting March 31 June 30 Sept. 30 Dec. 31

3) If you have not and will not plant/propagate or maintain live plants at this address for remaining quarters, indicate those here: March 31 June 30 Sept. 30 Dec. 31

4) Complete the table below. Indicate all transfers of transplants/planting stock to other licensees. N/A

Variety/Strain	Number of Transplants	Date Transferred	Recipient
Ex: CBD 01	10,000	5/10/2020	Transfer to LA Hemp Co., License # 01



Licensee Name: Jane Hemp

5) Complete the table below. Indicate the current inventory, quantity and variety/strain, of plants on site during this quarter.

Location ID	Variety/ Cultivar	Number of Plants	Area (sq ft)
GH 01, rows 1-10	CBD 101	1500 plants	1,500 sq. ft.
Building 1	Mother Hemp	500 plants	500 sq ft

6) Attach additional sheets as necessary. If additional sheets are attached, indicate total number of sheets attached: _____

I hereby verify and affirm that all of the information contained in this Greenhouse/Indoor Planting Report is true and accurate. I also understand that if LDAF later determines any of this information to be false or inaccurate, my license may be revoked.

Jane Hemp
Signature of Licensee/Designated Responsible Party

06/15/2020
Date

Jane Hemp
Printed name of Licensee/Designated Responsible Party

Manager
Title

If this address also has field production, you must also submit a completed *Field Planting Report* form.



HARVEST/CROP DESTRUCTION REPORT

- Triggers Sampling of Lot ID
- Planting address
- By Lot ID
 - Variety
 - Acres/sq ft
- Storage location
- Processor license #



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PRODUCTION REPORTS

- Annual submission by **November 15** to LDAF
- **Growers/Seed Producers**
 - Acreage/sq ft planted, harvested, or destroyed
 - Planting date, harvested date, varieties grown
 - Type of IH plant grown/marketed
 - Total amount and dollar value of IH sold for processing
 - Current IH plant parts in storage and location of storage
- **Processors**
 - Total amount of IH processed
 - Type of processing (fiber, seed, oil, other?)
 - Total dollar value of IH processed



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RECORDS



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RECORDS REQUIREMENTS

SEED PRODUCER/GROWER	PROCESSOR	TRANSPORTATION
Documentation of sales/distribution	Documentation of sales/distribution	Invoice/Bill of Lading/Manifest
Traceability from seed acquisition to harvest/crop destruction	Hemp acquisition from grower to final product	Seller/Purchaser
		Origin/Destination
		Quantity being transported
		Certificate of Analysis



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INSPECTIONS



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INSPECTIONS

- Random or
- Reason to believe Violation has occurred
- Licensee provide access during normal working hours
- Licensee required to be present during inspection
- If sample collected, no cost to the licensee if results from investigation initiated by LDAF



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INDUSTRIAL HEMP SAMPLING



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INDUSTRIAL HEMP SAMPLING

- Triggered by Harvest/Crop Destruction Report
- All growing sites/lots will be sampled
- Must harvest within **15** days of sampling
- Harvest material must stay on site until lab result reported
- **\$250 per sample** collected at time of sampling
 - Check, money order, certified check
- LDAF notify licensee to schedule sampling
- Samples collected become property of LDAF
- If **HOT**, will allow 1 resample at licensee request
- **NO** mixing of lots



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INDUSTRIAL HEMP SAMPLING

- Licensee or designated responsible party must be present
- Complete, unrestricted access to plants
- Crop planted to allow LDAF to collect representative sample or make modifications to crop to allow for sample collection
- Inspectors will verify GPS coordinates
- Sample will consist of cuttings of flowering material
- Cut made underneath flowering material, located in top **1/3** of the plant



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INDUSTRIAL HEMP SAMPLING

Number of Acres	Sample size "n"	Number of Acres	Sample size "n"
Less than 1	5	6	6
1	5	7	7
2	5	8	8
3	5	9	9
4	5	10	10
5	5		

Number of Acres	Sample Size 'n'
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18-19	18
20	19
21	20
22	21
23	22
24	23
25-26	24



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INDUSTRIAL HEMP TESTING



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INDUSTRIAL HEMP TESTING

- Delta-9 tetrahydrocannabinol (THC)
- Delta-9 tetrahydrocannabinolic acid (THC-A)
- Total THC = THC + THC-A
- Acceptable THC Level
 - 0.3% total THC on a dry weight basis
 - Measurement of Uncertainty
- If < Acceptable THC Level, plot released for marketing and processing
- If > Acceptable THC Level, plot may be retested at licensee request
- Only option for **HOT** plots is destruction



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ACCEPTABLE THC LEVEL EXAMPLE

- Lab result for total THC (THC + THC-A) - **0.35%**
 - Measurement of Uncertainty
 - +/-0.06%
 - **0.29% – 0.41%**
 - 0.3% falls **within** distribution range
- **COMPLIANT**
- Lab result for total THC (THC + THC-A) - **0.35%**
 - Measurement of Uncertainty
 - +/-0.02%
 - **0.33% - 0.37%**
 - 0.3% falls **outside** distribution range
- **NON COMPLIANT** USDA Interim final rule - Establishment of a Domestic Hemp Production Program 7CFR Part 990



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CROP DESTRUCTION



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DESTRUCTION

- Method **MUST** be approved by LDAF in writing
- Submit Harvest/Destruction report to LDAF 15 days prior
 - Poor germination/plant growth
 - Weather induced failure
 - Volunteer destruction in lieu of harvest
- Lot sampled and tested
 - Total THC > 0.3% dry weight
- Collected for destruction by person authorized under CSA to handle marijuana
- Destroyed in accordance with CSA and DEA regulations



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15 MINUTE BREAK



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VIOLATIONS



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VIOLATIONS

- **COMMISSIONER OF AGRICULTURE & FORESTRY**
 - Suspension or revoke license, assess civil penalty
 - Notification via certified mail of alleged violation
 - Opportunity to respond prior to scheduled hearing date
 - Make final determination of findings
- **AGRICULTURAL CHEMISTRY & SEED COMMISSION**
 - Make initial determination, recommend findings, with penalties in writing
 - Adjudicatory hearing



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VIOLATIONS

- **Each** separate day of violation is a separate violation
 - Example:
 - Growing in a nonregistered/approved location for 100 days
 - \$500/day for 100 days
 - \$50,000
 - No **penalty assessed** or **license suspended/revoked** prior to holding of adjudicatory hearing before commission
 - Reinstatement of revoked license by **hearing** before commission and approval by commissioner



CORRECTIVE ACTIONS



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CORRECTIVE ACTIONS

- **Negligent actions**
 - Growing, processing, storing locations not reported
 - Operating without a license
 - Total THC concentration > 0.3% but less than 0.5%
- Corrective action plan will have
 - **Date** for compliance
 - Periodically **report** to LDAF for 2 years



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CORRECTIVE ACTIONS

- Inspections to ensure corrective action plan followed
- Negligent violation **3** times in **5 year** period
 - No hemp license for **5** years
- Culpable mental state greater than negligence
 - Intentional, knowingly, willfully, or recklessly
 - Reported to USDA, US Attorney General and Louisiana Attorney General



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STOP ORDERS



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STOP ORDER

- Person in violation
 - Issued **written** or **verbal** stop order
- Effective immediately
- Refusal or failure to abide by stop order
 - Major violation



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LICENSE APPLICATION



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LICENSE APPLICATION

- Submit to LDAF at 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806 or an LDAF District Office
- Make sure they are **COMPLETE** and **LEGIBLE**
- LDAF will review and applicant notified of application status
- Keep a copy of application for **your** records
- If mail application, use a delivery method with tracking capabilities
- Application for each license sought



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APPLICATION REQUIREMENTS

- Applicant – Individual
 - Louisiana mailing address, telephone, email
- Business Name
 - Business address
 - Designated Responsible Party and Key Participants
 - DRP – responsible for day to day business
 - KP – owners/partners/executive management
 - Registered agent and Employer Identification Number



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LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

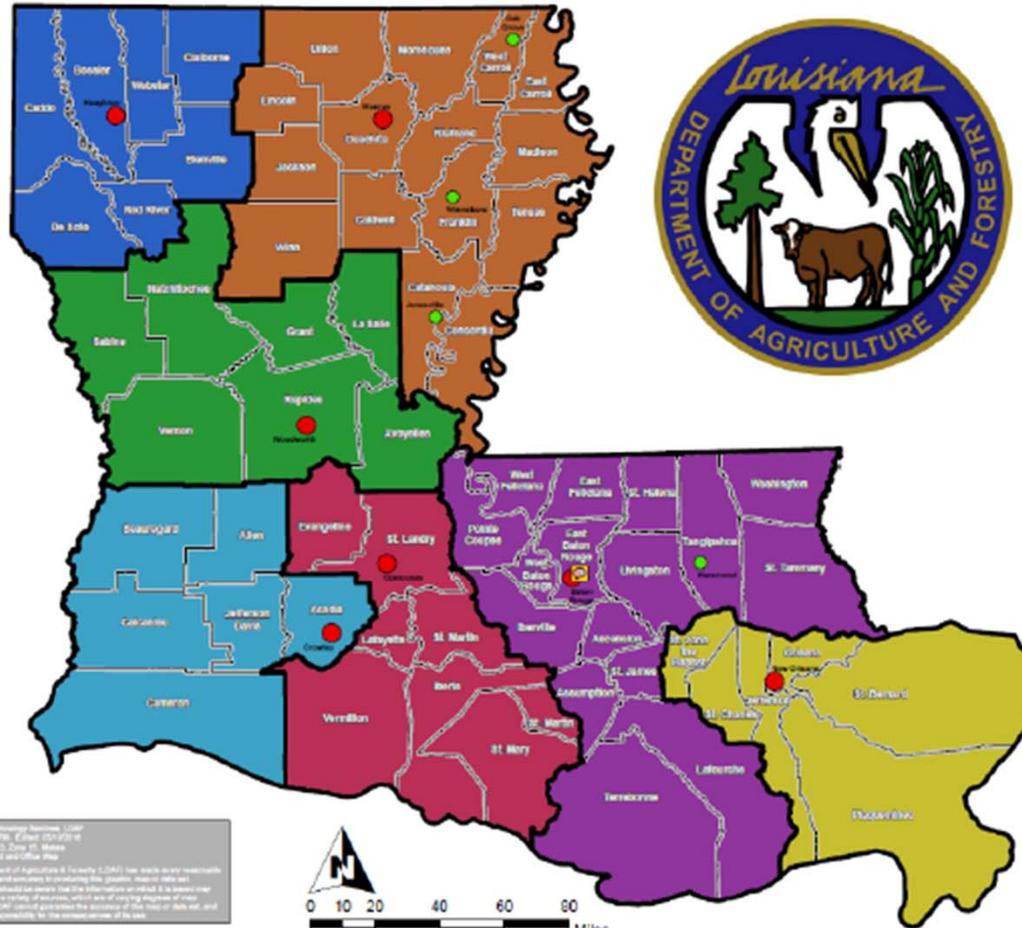
MIKE STRAIN DVM, COMMISSIONER

Office of Agricultural and Environmental Sciences
 Benjy Rayburn, AES Assistant Commissioner
 (225) 925-3770



Legend

- AES District Boundary
- Parish Boundary
- Alexandria District
- Baton Rouge District
- Crowley District
- Monroe District
- New Orleans District
- Opelousas District
- Shreveport District
- AES District Offices
- AES Satellite Offices



AES Satellite Offices

HAMMOND 8776 BOULEVARD MORNING STAR, LA 71262 TEL: (504) 882-6228 FAX: (504) 882-6228	ORLEANS 1000 HIGHWAY 11 ORLEANS, LA 71303 TEL: (504) 824-6718 FAX: (504) 824-6718
JONESVILLE 1882 Maple Lusher King Dr JONESVILLE, LA 71303 TEL: (504) 838-7642 FAX: (504) 838-7642	WINNIEGROSS 2133 Mason Ridge Rd WINNIEGROSS, LA 71382 TEL: (504) 852-2142 FAX: (504) 852-2142

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LICENSE APPLICATION

- State and Federal Background report – Annual
 - Applicant
 - Designated Responsible Party
 - Key Participants
- Farm/Field Maps
 - Detail showing growing, storage, handling, processing locations



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LICENSE APPLICATION - BUSINESSES

- Designated Responsible Party Declaration Form
 - Person designated by applicant as responsible for facility operations
 - 1 allowed per applicant
- Key Participant Form
 - Sole proprietor, partner in partnership, person with executive managerial control in a corporation (CEO, COO, CFO); excludes farm, field or shift managers



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CRIMINAL BACKGROUND CHECK

- Applicant
- Designated Responsible Party
- Key Participants
- Louisiana State Police
- Federal Bureau of Investigation
- Submit sealed criminal background check
- Clarification of disposition
- No more than 60 days prior to application date



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CRIMINAL BACKGROUND CHECK

- Louisiana Background Check request
 - Louisiana State Police, Criminal Records Dissemination Section
 - 7919 Independence Blvd., Baton Rouge, LA 70806
 - 225-925-6095 - M-F 8:00 AM – 3:30 PM
 - <http://www.lsp.org/technical.html#criminal>
 - Complete **LSP Right to Review** and **Applicant Processing-Disclosure** forms
 - Submit forms, pay fee, submit to fingerprints, request set of fingerprint cards for federal background check
 - You will walk out with your state background check in hand



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For BOI Office Use Only
ATN# _____
SID# _____
TIME F/P COMPLETED _____
TIME DESC.COMP _____

FEES
\$10.00 Fingerprint Fee (if printed at LSP Headquarters)
\$26.00 Processing Fee (required whether printed at LSP Headquarters or when mailing in two fingerprint cards)

RIGHT TO REVIEW

Louisiana State Police
 Bureau of Criminal Identification and Information
 P.O. Box 66614 - Box A-6
 Baton Rouge, LA 70806

When submitting fingerprints:
 In person: two separate money orders, cashier checks, business checks for \$10 and \$26 or a credit card
 By mail: include two FBI (form FD-258) fingerprint cards and a \$26 money order, cashier check or business check

****PLEASE TYPE or PRINT****

APPLICANTS FULL NAME:

_____	_____	_____
LAST	FIRST	MIDDLE

STREET ADDRESS: _____
 COMPLETE STREET ADDRESS TO INCLUDE APARTMENT/LOT #

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVERS LICENSE OR ID NUMBER: _____ STATE OF ISSUE: _____

RACE: _____ SEX: _____

APPLICANTS SIGNATURE: _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above Pursuant to Title 28, C.F.R. Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the state or FBI identification record

****Electronically submitted fingerprints obtained at LSP Headquarters after 3:30 will be available for pickup the next business day.**



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APPLICANT PROCESSING - DISCLOSURE FORM

Louisiana Bureau of Criminal Identification and Information

P.O. BOX 66614 (Box A-6)
BATON ROUGE, LA 70896

RIGHT TO REVIEW

[Redacted] _____
NAME

[Redacted] _____
ADDRESS

[Redacted] [Redacted] [Redacted] _____
CITY STATE ZIP CODE

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] _____
DATE OF BIRTH PLACE OF BIRTH (STATE) RACE SEX WEIGHT

[Redacted] [Redacted] [Redacted] _____
HEIGHT HAIR COLOR EYE COLOR

[Redacted] _____
SOCIAL SECURITY NUMBER

DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

- RAPSHEET ATTACHED
- RESPONSE BELOW



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CRIMINAL BACKGROUND CHECKS

- Federal Background Check request
 - Request fingerprint cards (Form FD-258) from LSP
 - Mail **fingerprint cards** and **FBI Individual Information Form** (Form I-783) with payment to address on the form
 - Will received sealed background check report via mail
- Applicant responsible for providing official “disposition clarification” from local Clerk of Court or District Attorney offices for reported charges with unknown disposition



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PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary, however, failure to provide the information may affect the completeness of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information * Denotes Required Fields

*Last Name *First Name
 Middle Name 1 Middle Name 2

*Date of Birth: *Place of Birth: U.S. Citizen or Legal Permanent Resident:
 Yes No

*Country of Citizenship: Country of Residence: Prisoner Number (if applicable):

*Last Four Digits of Social Security Number:

*Height: *Weight:

*Hair (please check appropriate box):

Bald Black Blonde/Strawberry Blue Brown Gray Green Orange Pink
 Purple Red/Auburn Sandy Unknown White

*Eyes (please check appropriate box):

Black Blue Brown Gray Green Hazel Maroon Multicolored Pink Unknown

Applicant Home Address

*Address

*City *State

*Postal (Zip) Code *Country

Phone Number E-Mail

Mail Results to Address

C/O ATTN

Address

City State

Postal (Zip) Code Country

Phone Number (if different from above)

Payment Enclosed: (please check appropriate box)

CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

Reason for Request:

Personal review Challenge information on your record Adoption of a child in the U.S.
 International adoption Live, work, or travel in a foreign country Other

* APPLICANT SIGNATURE DATE

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
 1000 Custer Hollow Road
 Clarksburg, West Virginia 26306

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary.



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APPLICATION REQUIREMENTS

- Grower and Seed Producer
 - Maps showing where crop will be grown, stored
 - Legal land description and GPS coordinates
 - Acreage/sq footage
 - Intended variety name
- Processor
 - Maps showing where industrial hemp will be processed
 - Legal land description and GPS coordinates
 - Square footage



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APPLICATION REQUIREMENTS

- All industrial hemp applicants, designated responsible parties, and key participants must undergo state and federal criminal background checks and submit fingerprint identification. The resulting certified criminal background check reports must accompany each license application.
- Before a license will be approved, the background check report will be reviewed by LDAF for applicant eligibility.
- State and federal background checks are required annually for each applicant, designated responsible party and key participants.



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APPLICATION REQUIREMENTS

➤ Louisiana State Background Check Procedures

- Complete the *LSP [Right to Review](#) and [Applicant Processing – Disclosure](#) Forms* found on the next pages. The forms may also be downloaded and printed using the links provided above.
- Deliver the completed forms along with acceptable form of payment in person to LSP Criminal Records Dissemination Section.
- Submit to fingerprinting and request a set of fingerprint cards to submit to FBI for federal background check.
- Applicants will be given in person their certified Right to Review/State Background Check which must be submitted to LDAF with application.



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APPLICATION REQUIREMENTS

- Federal Fingerprint Background Check Procedures
 - Request Fingerprint cards (Form FD-258) from LSP.
 - Mail completed Fingerprint cards and FBI [Individual Information Form](#) (Form I-783) along with acceptable form of payment to the address listed on the forms.
 - Applicant will receive by mail one sealed background check report which must be submitted to LDAF with license application in the original unopened sealed envelope.



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MAP INSTRUCTIONS

- Color, photographic map with the following information
 - GPS Coordinates of center of field, greenhouse, indoor growing structure, handling, storage or processing structure
 - Acreage of each contiguous planting
- Google Earth Pro
- Google Maps
- Map Quest
- Map should show at least 1 nearby road, entrance to the site, and identification of industrial hemp locations



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MAP INSTRUCTIONS

- A **color** photographic map is required for each growing, storage, handling or processing locations and must contain the following:
 - ♣ Applicant's name, and if applicable, the business name printed on the map page;
 - ♣ Physical address of the location;
 - ♣ Expanded view to show the site, a public roadway and the road name;
 - ♣ Outline of the location of each contiguous planting;
 - ♣ Location ID/name for each field, greenhouse, indoor growing, handling, storage or processing structure;
 - ♣ GPS Coordinates of center of field, greenhouse, indoor growing, handling, storage or processing structure, and
 - ♣ Acreage of each contiguous planting.



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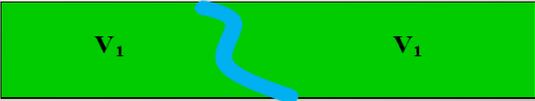
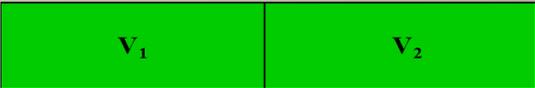
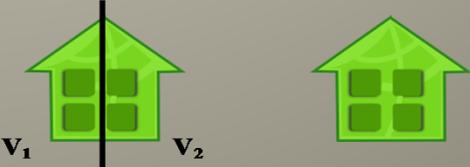
GROWING, HANDLING, PROCESSING MAPS



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Contiguous Location?	Example (V = strain/variety)
<p align="center">Yes, 1 Field</p>	
<p align="center">No, 2 Fields Reason: Field divided by trees or brush row.</p>	
<p align="center">No, 2 Fields Reason: Divided by a canal or body of water.</p>	
<p align="center">No, 2 Fields Reason: Field divided by fence</p>	
<p align="center">No, 2 Fields Reason: Two different strains/varieties</p>	
<p align="center">No, 2 Fields Reason: Field divided by more than 20 feet.</p>	
<p align="center">Yes, 1 Building</p>	
<p align="center">No, 2 buildings/plots Reason: Two separate buildings or two different strains/varieties within a building.</p>	



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 Mike Strain DVM, Commissioner
 Seed Programs Division 5825 Florida Blvd, Suite 3004, Baton Rouge, LA 70806
 Phone (225) 925-4733; Fax (225) 925-4124

Louisiana Industrial Hemp Program Designated Responsible Party Declaration Form

This form must be completed and submitted with each business entity industrial hemp application.

This completed form is a required attachment for all industrial hemp program business entity applications.

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

Name of Business Entity	John's Hemp Company
Complete Physical Address	1264 Growers Row, Baton Rouge, LA 12345

I hereby declare that:

Jane Hemp	Farm Manager
Printed Name	Title

*The Designated Responsible Party listed above is required to have an annual background check and copy of driver's license on file with LDAF prior to license being issued.

is the Designated Responsible Party for all daily business operations and is authorized to sign all required industrial hemp program documents on the entity's behalf. The entity acknowledges that a change of Designated Responsible Party requires written notice to LDAF.

I certify that this information is true and correct.

John Hemp
 Signature of owner, registered agent, or managing member

John Hemp
 Printed Name

President
 Title

11-22-2019
 Date

Jane Hemp
 Signature of designated responsible party

Jane Hemp
 Printed Name

Manager
 Title

11-22-2019
 Date



Louisiana Department of Agriculture & Forestry
 Mike Strain DVM, Commissioner
 Seed Programs Division 5825 Florida Blvd, Suite 3004, Baton Rouge, LA 70806
 Phone (225) 925-4733; Fax (225) 925-4124

Louisiana Industrial Hemp Program Key Participant Disclosure Form

This form must be completed and submitted with each business entity application.

1. Business Entity Information

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

Name of Business Entity:	John's Hemp Company
Name of Applicant:	John Hemp
Physical Address of Business:	1234 Growers Row
City & State:	Baton Rouge, LA

2. List the names, titles and email addresses of ALL key participants in the table below.

NOTE: A Key Participant is a sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation. A person with executive managerial control includes persons such as a chief executive officer, chief operating officer and chief financial officer. This definition does not include non-executive managers such as farm, field, or shift managers.

Key Participant 1	
Name:	Joe Hemp
Title:	Partner
Email Address:	joe@johnshempcompany.com
Key Participant 2	
Name:	Jill Hemp
Title:	Partner
Email Address:	jill@johnshempcompany.com
Key Participant 3	
Name:	
Title:	
Email Address:	
Key Participant 4	
Name:	
Title:	
Email Address:	

3. Attach sheets as necessary for additional key participants. If additional sheets are attached, indicate total number of sheets attached: _____

I hereby verify and affirm that all of the information contained on this form is true and accurate. I understand that if LDAF later determines any of this information to be false or inaccurate, the industrial hemp license may be withheld or revoked.


 Signature of applicant
 President
 Title

John Hemp
 Printed Name
 11-22-2019
 Date

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

Applicant Information	
1) Applicant Name: John Hemp	
<i>(Applicant Name must be the name of the individual applicant or the business representative completing this application. Do NOT enter a business name. Enter name as it appears on the background check report.)</i>	
2) Are you applying as an individual or as a business?	
Check one: <input type="checkbox"/> Individual (Complete Part A in this table; skip Part B)	
<input checked="" type="checkbox"/> Business Entity (Skip Part A; Complete Part B in this table)	
A. If applying as an individual, complete Section A, questions A1 – A5, and skip Section B. If applying as a business, skip Section A, complete Section B.	
A1. Mailing Address of Individual Applicant:	
A2. Physical Address of Individual Applicant:	
A3. Email of Applicant:	
<i>Note: Email is the primary method of communication for this program.</i>	
A4. Cell Phone Number of Applicant:	
A5. Alternate Phone Number of Applicant:	
B. If applying as a business entity, complete Section B, questions B1 – B10.	
<i>NOTE: For a business entity application, the entity MUST be an 1) established legal entity, 2) MUST declare a Designated Responsible Party. And 3) MUST identify all Key Participants in the business.</i>	
B1. Business Name: John's Hemp Company	
B2. Is this business registered with the Louisiana Secretary of State:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B3. Registered Agent (if yes to question B2): John Hemp	
B4. Business type (example: LLC, C-Corp., Partnership, etc.): Partnership	
B5. Employer Identification Number (EIN): 542987563	
B6. Business Mailing Address: 5756 Corporate Office, Baton Rouge, LA 12345	
B7. Business Physical Address: 123 Growers Row, Baton Rouge, LA 12345	
B8. Email of Applicant: John@joshnhempcompany.com	
B9. Cell Phone: 225-123-4567	
B10. Business Phone: 225-124-5678	

Seed Producer
Grower
Processor
Contract Carrier



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GROWER APPLICATION

Designated Responsible Party Information

NOTE: A completed Designated Responsible Party Declaration form must be attached to any business entity application.

1. Name: Jane Hemp

2. Title: Manager

3. Email: jane@johnshempcompany.com

4. Phone: 225-123-4568

3) Indicate intended product for the crop (check all that apply):

- Grain
 Fiber
 Floral Material (CBD, other cannabinoids, terpenoids, or any other extracts)
 Other (describe): _____

4) Indicate your planned source of seeds and/or planting stock in the table below. Identifying and purchasing seed and/or planting stock is the responsibility of the participant, not LDAF. A completed Seed Acquisition Request form must be submitted to and approved by LDAF prior to seed transfer.

	Seed Source (Company Name)	City, State or Country	Variety	Type of Material (Seeds/Propagules)
1)	GR8 Seed Company	Boulder, CO	Rocky V	Seed
2)				
3)				

5) Select your intended market or specify below:

- Sell the harvested hemp material to a licensed processor in Louisiana.
 Sell the harvested hemp material to an authorized processor in another state's industrial hemp program.
 Other intended market, specify: _____



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6) **Read each statement below and check the box next to the statement to indicate your understanding and agreement:**

- The \$500 license fee is non-refundable after the license has been issued.
- Any additions, subtractions or changes to the GPS coordinates listed for growing, handling or storage locations after the grower license is issued by LDAF will require the license holder to submit, and have approved, a *Site Modification Request* form.
- Each location must be included in your licensing application and approved by LDAF prior to the planting, handling, or storage of any industrial hemp at that location.
- Applicants are required to provide precise GPS coordinates in a decimal degrees (DD) format for each field/plot, greenhouse, indoor growing location, building, and handling and storage sites at each address.
- Applicants are required to provide a legal description of address and a detailed map of every site at each address with the application.

7) **The following land use restrictions apply to all grower licensees. Read each statement below and check the box next to the statement to indicate your understanding and agreement:**

- I will not knowingly grow cannabis that is not industrial hemp (cannot have a THC concentration of more than 0.3% on a dry weight basis).
- I will not grow, handle or store industrial hemp in any structure that is used for residential purposes.
- I will not grow industrial hemp in any outdoor field or site that is located within 1,000 feet of schools or public recreational area.
- I will not grow, handle, or store industrial hemp on any land which is not owned or leased by the licensee.
- I have read and understand the Louisiana law and administrative regulations regarding industrial hemp.

2



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OUTDOOR GROWING LOCATIONS

8) Provide a list of all locations requested for approval by completing the tables below in parts a) Fields, b) Greenhouses/Indoor Growing Locations, and c) Handling/Storage Locations. Attach additional page(s) as necessary.

a) Field Locations

i. Indicate total acres planned for growing as identified in the tables below.

Total Number of Acres: 4.7

ii. Enter information for requested field growing locations in the tables below.

iii. If you do not intend to grow in a field, indicate by entering N/A in the space provided: _____

	Farm Name			Own or Rent	
	Farm 1	Green Acres Farm			Own
Physical Address		City	State	Zip	Parish
1234 Growers Row		Baton Rouge	LA	12345	East Baton Rouge
Legal Property Description (<i>may be included as attachment if necessary</i>): SW ¼ Sec 15 – T04 – R10					
Location ID*		GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>	Acres	
Field 1	Field 1A	31.34923	-90.89033	3.2	
Field 2	Field 2A	31.80355	-90.92408	1.5	
Field 3					



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GREENHOUSE/INDOOR GROWING LOCATIONS

b) Greenhouse / Indoor Growing Locations

i. Indicate total square footage planned for indoor growing as indicated in the tables below.

Total Square Footage: _____

ii. Enter Greenhouse/Indoor Growing Locations in the tables below.

iii. If you do not intend to grow in a greenhouse or indoor growing structure, indicate by entering N/A in the space provided: N/A

NOTE: Registration of a greenhouse/indoor growing structure includes the area inside the greenhouse and equal square footage immediately adjacent outside the greenhouse. The outside square footage can only be used to place container hemp plants temporarily for necessary agronomic reasons.

Greenhouse/ Indoor 1	Greenhouse/Indoor Structure Name			Own or Rent	
	Address	City	State	Zip	Parish
	Legal Property Description (<i>may be included as attachment if necessary</i>):				
	Location ID*	GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Total Ft ²	
Site 1					
Site 2					
Site 3					



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HANDLING/STORAGE LOCATIONS

c) Handling/Storage Locations

- i. Enter information for requested handling/storage locations in the tables below.
- ii. Handling/storage addresses must be listed in the below table even if listed in tables for part (a) or (b) above, in order to provide GPS coordinates for the buildings.

Handling/ Storage 1	Handling/Storage Name			Own or Rent	
	Hemp Storage			Own	
	Address	City	State	Zip	Parish
	1234 Growers Row	Baton Rouge	LA	12345	East Baton Rouge
	Legal Property Description (<i>may be included as attachment if necessary</i>): SW ¼ Sec 15 – T04 – R10				
	Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>	Purpose (<i>handling or storage</i>)	
Site 1	West Storage Building	30.09484	-90.92408	Storage	
Site 2	North Storage Bldg	30.86884	-90.12095	Storage	
Site 3					



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SEED PRODUCER APPLICATION

Designated Responsible Party Information

NOTE: A completed Designated Responsible Party Declaration form must be attached to any business entity applications.

1. Name: Jane Hemp

2. Title: Manager

3. Email: jane@johnshempfarm.com

4. Phone: 225-124-5678

3) Indicate intended product for the crop (check all that apply):

Seed Production

Replication of vegetative planting stock (i.e., production of transplants)

Other (describe): _____

4) Indicate your planned source of seeds and/or planting stock in the table below. Identifying and purchasing seed and/or planting stock is the responsibility of the participant, not LDAF. A completed Seed Acquisition Request form must be submitted to and approved by LDAF prior to seed transfer.

	Seed Source 1	Seed Source 2	Seed Source 3*
Seed Source (Company Name)	GR8 Hemp Seed	Yetti Hemp Plants	
City, State or Country	Boulder, Co	Seattle, WA	
Variety Name	Rocky V	BigFoot 1	
Seed Certification Agency			
Type of Material (Seeds or Propagules)	Seed	Propagules	

* Additional seed sources may be included as an attachment if necessary.



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SEED PRODUCER APPLICATION

7) Provide a list of all locations requested for approval by completing the tables below in parts a) Fields, b) Greenhouses/Indoor Growing Locations, and c) Handling/Storage Locations. Attach additional page(s) as necessary.

a) Field Locations

i. Indicate total acres planned for growing as identified in the tables below.

Total Number of Acres _____

ii. Enter information for requested field growing locations in the tables below.

iii. If you do not intend to grow in a field, indicate by entering N/A in the space provided: N/A

Farm 1	Farm Name			Own or Rent	
	Physical Address	City	State	Zip	Parish
	Legal Property Description (<i>may be included as attachment if necessary</i>):				
	Location ID*	GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Acres	
Field 1					
Field 2					
Field 3					



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SEED PRODUCER APPLICATION

b) Greenhouse / Indoor Growing Locations

i. Indicate total square footage planned for indoor growing as indicated in the tables below.

Total Square Footage: 1000

ii. Indicate type of greenhouse production (check all that applies):

Transplants only (either seeded or vegetative cuttings), or seasonal stock plants

Stock plants, year round

iii. Enter Greenhouse/Indoor Growing Locations in the tables below.

iv. If you do not intend to grow in a greenhouse or indoor growing structure, indicate by entering N/A in the space provided: _____

NOTE: Approval of a greenhouse/indoor growing structure includes the area inside the greenhouse and equal square footage immediately adjacent outside the greenhouse. The outside square footage can only be used to place container hemp plants temporarily for necessary agronomic reasons.

	Greenhouse/Indoor Structure Name			Own or Rent	
	Greenhouse/ Indoor 1	Johns Seed Hemp Building			Own
Address		City	State	Zip	Parish
1234 Growers Way		Baton Rouge	LA	12345	East Baton Rouge
Legal Property Description (<i>may be included as attachment if necessary</i>): SW1/4 S15 – T04 – R10					
Location ID*		GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Total Ft ²	
Site 1	Seed 1	31.45268	-90.04562	500	
Site 2	Propagules 1	31.45269	-90.04598	500	
Site 3					



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SEED PRODUCER APPLICATION

c) Handling/Storage Locations

- i. Enter information for requested handling/storage locations in the tables below.
- ii. Handling/storage addresses must be listed in the below table even if listed in tables for part (a) or (b) above, in order to provide GPS coordinates for the buildings.

Handling/ Storage 1	Handling/Storage Name			Own or Rent	
	N/A				
	Address	City	State	Zip	Parish
	Legal Property Description <i>(may be included as attachment if necessary):</i>				
Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>	Purpose <i>(handling or storage)</i>		
Site 1					
Site 2					
Site 3					



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PROCESSOR APPLICATION

Designated Responsible Party Information

NOTE: A completed Designated Responsible Party Declaration form must be attached to any business entity application.

1. Name: Jane Hemp

2. Title: Manager

3. Email: jane@johnshempcompany.com

4. Phone: 225-124-5678

3) Indicate your intended processed product (check all that apply):

- Grain Fiber CBD, other cannabinoids, terpenoids, or any other extracts
 Other (describe): _____

4) Indicate the type of processing facility you intend to operate (check all that apply):

- Permanent processing facility Mobile processing unit Other (describe): _____

5) List any byproducts or waste and your plans to use or dispose of those byproducts or waste:

Saving by products and waste for future use animal bedding
- stalks



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PROCESSOR APPLICATION

6) Provide a list of all processing, handling or storage locations requested for registration by completing the table(s) below. For mobile processing units enter the information for the location where the unit is stored.

Handling/ Storage 1	Processing/Handling/Storage Name			Own or Rent	
		Johns Processing Facility			Own
	Address	City	State	Zip	Parish
	1234 Growers Way	Baton Rouge	LA	12345	East Baton Rouge
	Legal Property Description (<i>may be included as attachment if necessary</i>): SW1/4 S15-T10-R-04				
	Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>	Purpose (<i>processing, handling or storage</i>)	
Site 1	West Storage	30.09484	-90.81054	Storage	
Site 2	North Storage	30.86884	-90.81054	Storage	
Site 3	Processing	30.98475	-90.09127	Processing	



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CONTRACT CARRIER APPLICATION

Designated Responsible Party Information

NOTE: A completed Designated Responsible Party Declaration form must be attached to any business entity applications.

1. Name: Jane Hemp

2. Title: Manager

3. Email: jane@johnshempcompany.com

4. Phone: 225-134-5678

3) Read each statement below and check the box next to the statement to indicate your understanding and agreement.

- The \$500 license fee is non-refundable after the license has been issued.
- I will not knowingly contract to transport cannabis that is not industrial hemp (cannot have a THC concentration of more than 0.3% on a dry weight basis).
- I understand that the Louisiana Industrial Hemp Law requires a dated invoice, bill of lading, or manifest in my possession during the entire time I am transporting or delivering industrial hemp. The invoice, bill of lading or manifest must contain the seller's and purchaser's name and address, specific origin and destination, and quantity of industrial hemp transported.
- I have read and understand the Louisiana law and administrative regulations regarding industrial hemp.



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APPLICATION ACKNOWLEDGMENTS

Acknowledgments

Read each of the acknowledgment statements below and check "Yes" or "No" to indicate your understanding and acceptance of each statement.

- 1) I acknowledge that my application and all required attachments must be received by the application date established by LDAF. I further acknowledge that LDAF is not responsible for missing information due to formatting or printing errors. LDAF is not responsible for applications lost in the mail or not received.
 Yes No
- 2) I acknowledge that LDAF is not obligated to ask follow-up questions during the application review process. The written responses on this application and attachments shall be the sole source of information under consideration for potential participation in the Louisiana industrial hemp program.
 Yes No
- 3) I acknowledge that this is a selective process and only those applications that meet the criteria set forth in the Louisiana industrial hemp law and regulations will be approved for licensing.
 Yes No



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APPLICATION ACKNOWLEDGMENTS

4) I affirm that, if approved for a license, I will abide by all requirements of LDAF, and the industrial hemp law and regulations, including timely submission of report forms and required attachments, as applicable, including but not limited to:

- **Seed Acquisition Request form** – must be submitted to and approved by LDAF prior to receiving any industrial hemp seeds or propagules.
- **Site Modification Request form** - must be submitted to LDAF prior to the growing, handling, or storage of hemp materials at any location not already listed on your grower license application.
- **Planting Reports** – must be submitted to LDAF within 15 days following planting for each field, greenhouse and indoor growing structure, and quarterly for each greenhouse or indoor growing structure after initial planting.
- **Harvest/Destruction Report** – due at least 15 days prior to crop harvest or destruction of a failed crop;
- **Production Reports** – due by November 15th annually;
- Other forms as deemed necessary by LDAF for program administration.

Yes No



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APPLICATION ACKNOWLEDGMENTS

- 5) I acknowledge that, upon request from LDAF, Louisiana State Police, or other state or local law enforcement officers, license holders must immediately produce a copy of their grower license, or other required program documentation for inspection.
 Yes No
- 6) I consent that, the commissioner or his authorized agent(s) shall have access, during normal working hours, to any premises where industrial hemp plants or plant parts are being processed, transported, produced, cultivated, and/or stored for the purpose of inspection, investigation, and/or collection of samples for testing. The commissioner or his authorized agent(s) may inspect any industrial hemp seed, plants, or plant parts located on the premises.
 Yes No
- 7) I acknowledge that I, or the designated responsible party, shall be available on location by appointment for on-site visits by LDAF for the purpose of inspections or sampling.
 Yes No



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APPLICATION ACKNOWLEDGMENTS

- 8) I affirm that, if I am issued a license, I shall not allow other persons, not employed by me, to grow, handle or store under my license in lieu of their own license with LDAF.
 Yes No
- 9) I accept the inherent risk associated with participation in the program of a new crop. I acknowledge that both personal and financial loss may be possible, and agree that LDAF is not responsible for reimbursing or compensating any licensee for any loss resulting from involvement with the program.
 Yes No
- 10) I acknowledge that licensees are required to reapply on an annual basis, and all license applications must be completed and submitted annually and pay all required program fees. I further acknowledge that past participation does not guarantee or imply automatic approval for future participation.
 Yes No
- 11) I agree that my approved sites shall only be used to grow, handle or store industrial hemp and shall not be used to grow, handle or store unlawful cannabis (greater than 0.3% THC concentration on a dry weight basis).
 Yes No
- 12) I acknowledge that if LDAF sample test results determine a THC level greater than 0.3% on a dry weight basis, I may be required to destroy the crop from which the sample was collected at my own cost.
 Yes No
- 13) I agree to report my hemp crop acreage to FSA, and to provide FSA with specific information regarding field acreage, greenhouse or indoor growing square footage of all industrial hemp planted.
 Yes No



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ATTACHMENTS AND SIGNATURE

Attachments

Check all attachments below that you are submitting with this application. In addition to those listed, attachments may include extended answers to any question in the application or other supporting documents. If the attachment is supplementary information to a question in this form, be sure to: 1) include the associated question number on the document; and 2) start each new question attachment on a new page.

- REQUIRED:** Copy of Driver's License for the Applicant and for business entity applications, the Applicant and the Designated Responsible Party.
- REQUIRED:** Certified Background Check Report from LSP and FBI for the Applicant, and for a business entity, the Applicant, Designated Responsible Party and all Key Participants.
- REQUIRED:** Maps, one per address - Farm, greenhouse/indoor growing structures, and handling/storage location maps (including applicant name, site address, location IDs, and GPS coordinates, acreage/square footage).
- REQUIRED (for business entities):** Completed *Designated Responsible Party Declaration* form.
- REQUIRED (for business entities):** Completed *Key Participant Disclosure* form.
- Other Attachments (describe): _____

I hereby verify and affirm that all of the information contained in this license application is true and accurate. I understand that if LDAF later determines any of this information to be false or inaccurate, the seed producer license may be withheld or revoked.

Signature of Applicant

John Hemp

Date

11-22-2019

Printed Name of Applicant

John Hemp

Title

President



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CHANGES TO APPLICATION OR LICENSE



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Mike Strain, DVM Commissioner

SITE MODIFICATION REQUEST

- Submit Site Modification Request form for approval
 - Add, change, remove, modify
 - Fields, greenhouses, indoor growing structure
 - Storage, process or handle IH plants or plant parts
 - Change in business ownership



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If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

Applicant Information

Licensee/Designated Responsible Party Name: Jane Hemp

License No: 22-00001

Email: jane@johnshempcompany.com

Cell Phone: 225-124-3578

Alternate Phone Number: 225-145-8956

1) Provide a list of all additional or changed locations by completing the appropriate tables below in parts 3) Fields, 4) Greenhouses/Indoor Growing Locations, and 5) Handling/Storage/Processing locations. Attach additional page(s) as necessary. Complete only the tables that apply.

2) Check the appropriate box(es) below regarding this modification request.

- Modifications to Field growing sites
- Modifications to Greenhouse/Indoor Growing Structure sites
- Modifications to Handling, Processing or Storage sites

3) Check here to indicate that you have read the below instructions.

- Locations must be approved in writing by LDAF prior to the planting, handling, processing, or storage of any industrial hemp in this location.
- You are required to provide precise GPS coordinates in DECIMAL DEGREES format for each field, greenhouse, indoor growing structure or storage and handling structure at each address.
- You are required to provide a map depicting each address and the items listed in the Instructions for Creating Maps and Obtaining GPS Coordinates at the end of this form.
- The field and building IDs used in these tables MUST be consistent on all future report forms and correspondence used in the program.



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4) Field Locations

a) Enter information for requested **ADDITION** of a field growing locations in the table below.

Farm 1	Farm Name				Own or Rent
	Green Acres Farm				Own
	Physical Address	City	State	Zip	Parish
	1234 Growers Row	Baton Rouge	LA	12345	East Baton Rouge
	Legal Property Description (<i>may be included as attachment if necessary</i>): SW ¼ Sec 15 – T04 – R10				
	Location ID*	GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Acres	
Field 1	Field 3	31.34985	-90.89035	5.0	
Field 2					
Field 3					
Farm 2	Farm Name				Own or Rent
	Purple Acres Farm				Rent
	Physical Address	City	State	Zip	Parish
	124 Purple Haze Rd	Creole	LA	70632	Cameron
	Legal Property Description (<i>may be included as attachment if necessary</i>): NW ½ Sec 6 – T12 – R10				
	Location ID*	GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Acres	
Field 1	Prairie Field	31.24896	-90.12578	10	
Field 2					
Field 3					



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5) Greenhouse / Indoor Growing Locations

a) Indicate the type of greenhouse/indoor growing structure production. (Check all that apply)

- Transplants only (either seeded or vegetative cuttings), or seasonal stock
- Stock plants, year round
- Year-round production with intent to harvest indoor plants

b) Enter information for requested **ADDITION** of Greenhouse/Indoor Growing Structure Locations in the tables below.

Greenhouse/ Indoor 1	Greenhouse/Indoor Structure Name			Own or Rent	
		Johns Hot House			Rent
	Address	City	State	Zip	Parish
	124 Purple Haze Rd	Creole	LA	70632	Cameron
	Legal Property Description (<i>may be included as attachment if necessary</i>): NW ½ Sec 6 – T12 – R10				
	Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>	Total Ft ²	
Site 1	Building 1	31.24568	-90.42569	500	
Site 2					
Site 3					



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6) Handling/Storage/Processing Locations

b) Enter information for requested **ADDITION** of Handling, Storage and Processor locations in the tables below.

Handling/ Storage 1	Handling/Storage Name			Own or Rent	
	West Storage			Rent	
	Address	City	State	Zip	Parish
	124 Purple Haze Rd	Creole	LA	70632	Cameron
	Legal Property Description (<i>may be included as attachment if necessary</i>):				
Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>	Purpose (<i>handling or storage</i>)		
Site 1	Drying building	31.45629	-90.25634 handling		
Site 2					
Site 3					



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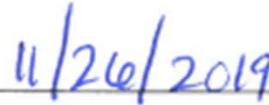
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I hereby verify and affirm that all of the information contained in this *Site Modification Request* form is true and accurate. I understand that LDAF must approve each requested modification. I also understand that if LDAF later determines any of this information to be false or inaccurate, the request may be denied and my license may be withheld or revoked.



Signature of Licensee/Designated Responsible Party



Date

Jane Hemp

Printed name of Licensee/Designated Responsible Party

Manager

Title



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John Hemp
 1234 Growers Row
 5756 Corporate Office
 Baton Rouge, LA 12345

Location ID: Field 1A
 GPS = 31.34923 -90.87033
 Type - Outdoor field; 3.2 acres

Location ID: Field 2A
 GPS = 31.80355, -90.92408
 Type = Outdoor field; 1.50 acres

Location ID: Field 3
 GPS = 31.02587, -90.2565
 Type = Outdoor field, 5.0 acres

Location ID: West Storage Bldg.
 GPS = 30.09484, -90.81054
 Type - Storage warehouse

Location ID: North Storage Bldg.
 GPS = 30.86884, -90.12095
 Type - Storage warehouse

Location ID: Processing Bldg.
 GPS = 30.98475, -90.09127
 Type - Processing warehouse

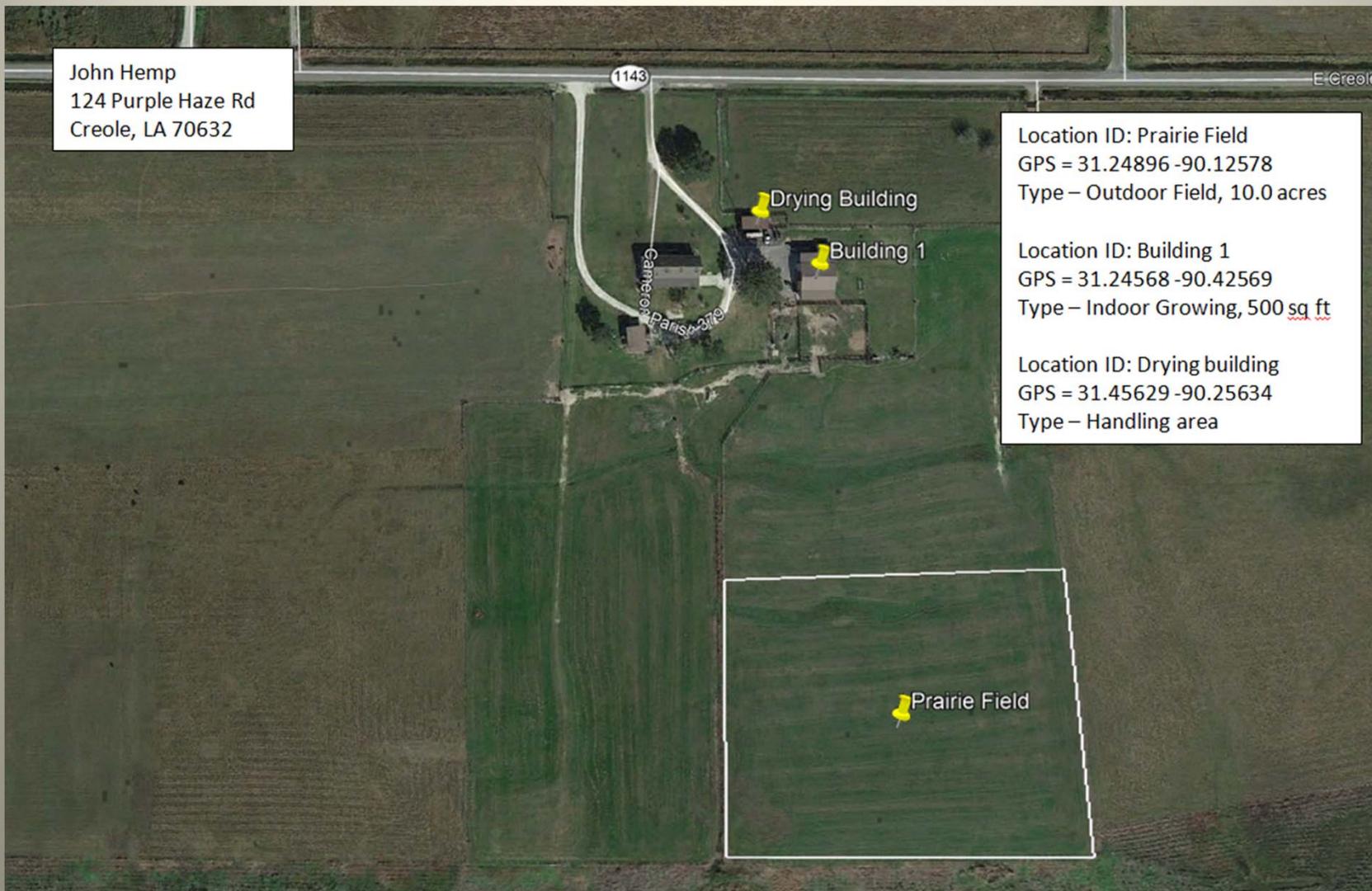
NOTE: This map is an example only. There is no industrial hemp grown, stored or processed at these locations.



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John Hemp
124 Purple Haze Rd
Creole, LA 70632

Location ID: Prairie Field
GPS = 31.24896 -90.12578
Type – Outdoor Field, 10.0 acres

Location ID: Building 1
GPS = 31.24568 -90.42569
Type – Indoor Growing, 500 sq ft

Location ID: Drying building
GPS = 31.45629 -90.25634
Type – Handling area



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PESTICIDES AND HEMP

Louisiana Department of Agriculture & Forestry
Agricultural & Environmental Sciences
Pesticide & Environmental Programs Division

Harry Schexnayder
Director, Pesticide & Environmental Programs Division



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PESTICIDES AND HEMP

Field Prep-Burndown

What pesticide can be used??
Are there any??
Legally??



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- **CHEMICAL FALLOW Use Information**
- Apply from immediately after harvest up to emergence of the newly seeded crop as a broadcast or band treatment.
- By ground application, apply 5-60 gallons of spray mix per acre.
- By air, apply in 5-10 gal of spray mix per acre.



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▶ **9.0 ANNUAL AND PERENNIAL CROPS**

- ▶ **USE INSTRUCTIONS:** This product may be applied during fallow intervals preceding planting, prior to planting or transplanting, at-planting, or pre-emergence to annual and perennial crops listed on this label, except where specifically limited. For any crop not listed on this label, **application must be made a minimum of 30 days prior to planting**. Unless otherwise directed, apply this product according to the rates listed in the “ANNUAL WEEDS RATE SECTION,” “PERENNIAL WEEDS RATE SECTION” and “WOODY BRUSH, TREES AND VINES RATE SECTION” of this label. Application rates specified on this label for hard-to-control weeds, or those specified on separate supplemental labeling for this product, supersede the rates in the “ANNUAL WEEDS RATE SECTION,” “PERENNIAL WEEDS RATE SECTION” and “WOODY BRUSH, TREES AND VINES RATE SECTION” of this label. Additional information on hard-to-control weeds can be found on Fact Sheets published for this product. Application of this product may be repeated as needed up to a maximum of 5.3 quarts per acre per year. Refer to specific use sections of this label for additional information.

PESTICIDES AND HEMP

What can be sprayed on Hemp??

- ▶ 25b products
- ▶ Pesticides of Minimal Risk
- ▶ Naturally occurring Pesticide
 - Garlic Oil
 - Bacillus thuringiensis-Bacteria that lives in the soil.
 - Canola Oil
 - 94 Products Approved for use on Hemp and Medical Marijuana. List is on the Potpourri section on Pesticide website.



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Pesticides Registered with EPA for Industrial Hemp

- EPA registration number: 70310-5. Applicant: Agro Logistic Systems. Active ingredients: **Azadirachtin and neem oil**. Product type: Insecticide, miticide, fungicide and nematocide.
- EPA registration number: 70310-7. Applicant: Agro Logistic Systems. Active ingredients: **Azadirachtin and neem oil**. Product type: Insecticide, miticide, fungicide and nematocide.
- EPA registration number: 70310-8. Applicant: Agro Logistic Systems. Active ingredients: **Azadirachtin and neem oil**. Product type: Insecticide, miticide, fungicide and nematocide.
- EPA registration number: 70310-11. Applicant: Agro Logistic Systems. Active ingredient: **Neem oil**. Product type: Insecticide, miticide and fungicide.
- EPA registration number: 84059-3. Applicant: Marrone Bio Innovations, doing business as Marrone Bio Innovations. Active ingredient: **Extract of Reynoutria sachalinensis**. Product type: Fungicide and fungistat.

Pesticides Registered with EPA for Industrial Hemp

- EPA registration number: 84059-28. Applicant: Marrone Bio Innovations, dba Marrone Bio Innovations. Active ingredient: **Bacillus amyloliquefaciens strain F727**. Product type: Fungicide.
- EPA registration number: 91865-1. Applicant: Hawthorne Hydroponics, dba General Hydroponics. Active ingredients: **Soybean oil, garlic oil, and Capsicum Oleoresin extract**. Product type: Insecticide and repellent.
- EPA registration number: 91865-3. Applicant: Hawthorne Hydroponics, dba General Hydroponics. Active ingredient: **Bacillus amyloliquefaciens strain D747**. Product type: Fungicide and bactericide.
- EPA registration number: 91865-4. Applicant: Hawthorne Hydroponics, dba General Hydroponics. Active ingredient: **Azadirachtin**. Product type: Insect growth regulator and repellent.
- EPA registration number: 91865-2. Applicant: Hawthorne Hydroponics, dba General Hydroponics. Active ingredient: **Potassium salts of fatty acids**. Product type: Insecticide, fungicide and miticide.

PESTICIDES AND HEMP

Consultants for Hemp Crop

- Must be a Licensed and Certified Agricultural Consultant to make any recommendations on any crop for a fee.
- Burndown for field prep.
- Herbicide(s)
- Insecticide(s)
- Fungicide(s)



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Insects in Industrial Hemp

- Stinkbugs
- Cutworms
- Armyworms



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Disease(s) in Industrial Hemp

- Powdery mildew
- Stem canker
- Vascular wilt
- Root rot
- Nematode **disease** (root-knot, lesions)



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What is Drift?

- Louisiana Pesticide Rules and Regulations
- Drift—the physical movement of pesticides either in particulate, liquid or vapor form beyond the target area where the pesticide was applied.
- Zero tolerance in Louisiana.

Pesticide Drift on Industrial Hemp

- Louisiana Pesticide Law
- §3255. Complaints
- A. Any person who believes that he has suffered damages as a result of any action by any person regulated by the provisions of this Part may file a damage complaint with the commissioner.
- B. All damage complaints shall be in writing, shall be on forms prescribed by the commissioner, shall be signed by the complainant, and shall be filed within fifteen days of the action by the alleged offender or the discovery of the damage, whichever occurs later. Failure to file a timely complaint shall not affect the right of the person to institute legal proceedings for the damages.
- C. Each person who files a damage complaint shall permit the commissioner, the alleged offender, or the representative of either, such as bondsmen or insurers, to observe within reasonable hours the lands, crops, or nontarget organisms alleged to have been damaged in order to determine any damages. Failure of the claimant to permit such observation and examination of the damaged property shall automatically bar the claim against the alleged offender under this Section.
- D. The commissioner may undertake such monitoring activities, including but not limited to monitoring of the air, soil, water, plants, and animals as may be necessary for the administration and enforcement of this Section.

INDUSTRIAL HEMP GENERAL QUESTION AND ANSWER SESSION



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