



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 2020 CONTRACT CARRIER LICENSE APPLICATION PACKET

Guidelines and Instructions

- The Louisiana Department of Agriculture & Forestry (LDAF) is authorized by R.S. 3:1465 to issue licenses and regulate industrial hemp in Louisiana. Prior to the cultivation, processing or contracting to transport industrial hemp, a person must first submit an application and receive an industrial hemp license from LDAF. Applications should be submitted to 5825 Florida Blvd., Suite 3004 Baton Rouge, LA 70806 or one of the LDAF district offices. See attached district office map. All information in this application packet must be completed and returned to LDAF along with any required attachments.

If you need assistance completing this application, please contact us by phone at 225-925-4863 or by email at industrialhemp@ldaf.la.gov.

- **Contents of Application Packet**

- Guidelines and Instructions
- Instructions for submitting to State and Federal Background Checks
- *Designated Responsible Party Declaration* Form for Business Entities Only
- *Key Participant Disclosure* Form for Business Entities Only
- LDAF District Office Map
- License Application - Please submit only the application (Pages 1-3) and required forms and attachments. Do not submit the guidelines and instructions.

- **Application Deadline** – New industrial hemp applications will be accepted at any time. All new industrial hemp license applications must be submitted and approved prior to cultivating, processing or contracting to transport industrial hemp. Renewal applications must be submitted annually no later than **4:30 PM on November 30**. LDAF may deny any license application that fails to meet the deadline established on this application. LDAF recommends that applicants use a delivery method with tracking capabilities when submitting an application. LDAF is not responsible for applications lost in the mail or not received. Applicants should keep a copy of the completed application, all attachments, and, if applicable, the mail receipt and tracking number for your records.
- **Fee Schedule** - A \$500 license fee (check or money order made payable to LDAF) is due upon notification of application approval. No license shall be issued until full payment of the license fee is received by LDAF.
- **Application File Format** – Industrial hemp applications are available in an electronic fillable form. If you do not have compatible software for the fillable form, please print out the form and complete the form manually and legibly. LDAF is not responsible for missing information due to formatting or printing errors by applicants.

- **Applications** - Applications must be complete, accurate, and legible. Follow all instructions in the document. Applications and any attachments may be subject to the Louisiana Public Records Law (R.S. 44:1 *et seq.*). LDAF is not required to request additional information for clarity of the application. Any license application missing required information may be subject to denial.
- **Application from a Business Entity** - A license shall **not** be issued in the name of a business entity. The “applicant” for a business entity is the person submitting the application and is designated by the business as being responsible for daily business operations.
 - LDAF requires the submission of a *Key Participant Disclosure* form for all business entity applicants. 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.
 - LDAF requires the submission of a *Designated Responsible Party Declaration* form for all business entity applicants. The designated responsible party is the person designated by the applicant or licensee as responsible for facility operations of the applicant or licensee facility.
 - Only one designated responsible party shall be allowed to represent a business entity.
 - If a business entity requires a change of the designated responsible party or key participants anytime during the application process or after a license is issued, the business must submit a new *Designated Responsible Party Declaration* or *Key Participant Disclosure* form, current background checks, and copy of the new Designated Responsible Party Declaration driver’s license to LDAF.
- **Application Review** - LDAF will evaluate each application to verify that the application is complete and required documents are included. After the evaluation is completed, applicants will be notified of the application status.
- **Prohibited Activities** - The activities listed below are prohibited activities. A current licensee found to be conducting or participating in any of these activities may be subject to regulatory actions, including but not limited to license revocation and forfeiture or destruction of all cannabis materials in their possession.
 - Cultivating, processing or contracting to transport cannabis that is not industrial hemp (greater than 0.3% THC concentration on a dry weight basis).
 - Possessing or cultivating industrial hemp plants or plant parts on any site not listed in the licensing application or subsequent site modification request form.
 - Cultivating or storing industrial hemp:
 - in any structure that is used for residential purposes;
 - in any outdoor field or site that is located within 1,000 feet of schools, or a public recreational area; and
 - on property which is not owned or leased by a licensee.
 - Violating the restrictions outlined in §1325 Restrictions on Sale or Transfer of the industrial hemp regulations.
 - Allowing unsupervised public access to industrial hemp plots.
- **Timeline** - The timeline for applications is as follows:
 - **November 30, annually** – Renewal applications due to LDAF.
 - **November 30, annually** – Background checks due to LDAF.
 - **January 15, annually** – LDAF notification of renewal application status to applicant.

New applications are not subject to the November 30th deadline.

• Criminal Background Checks

- 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.
- The LA background check request is processed by the Louisiana State Police (LSP) office listed below.

Louisiana State Police, Criminal Records Dissemination Section

7919 Independence Blvd., Baton Rouge, LA 70806

Phone: 225-925-6095

Business hours: M-F 8:00 AM - 3:30 PM Central Time.

Website: <http://www.lsp.org/technical.html#criminal>

- 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.
- 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.

NOTE: Applicant is responsible for providing an official “disposition clarification” from local Clerk of Court or District Attorney Offices for any reported charges with unknown disposition.

All State Criminal Background Check forms and payments must be hand-delivered to LSP and FBI Background Check forms and payments mailed to FBI. DO NOT SEND THIS INFORMATION AND PAYMENT TO LDAF.

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

FEEES
\$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.**

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

NAME

ADDRESS

CITY STATE ZIP CODE

DATE OF BIRTH PLACE OF BIRTH RACE SEX WEIGHT
(STATE)

HEIGHT HAIR COLOR EYE COLOR

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

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 completion 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 Middle Name 1 *First Name 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
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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.



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
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.

Table with 2 columns: Name of Business Entity, Complete Physical Address

I hereby declare that:

Table with 2 columns: 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.

Signature of owner, registered agent, or managing member

Printed Name

Title

Date

Signature of designated responsible party

Printed Name

Title

Date



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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.

Table with 2 columns and 4 rows: Name of Business Entity, Name of Applicant, Physical Address of Business, City & State.

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.

Table with 2 columns and 16 rows for Key Participant 1, 2, 3, and 4, including Name, Title, and Email Address fields.

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

Printed Name

Title

Date

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

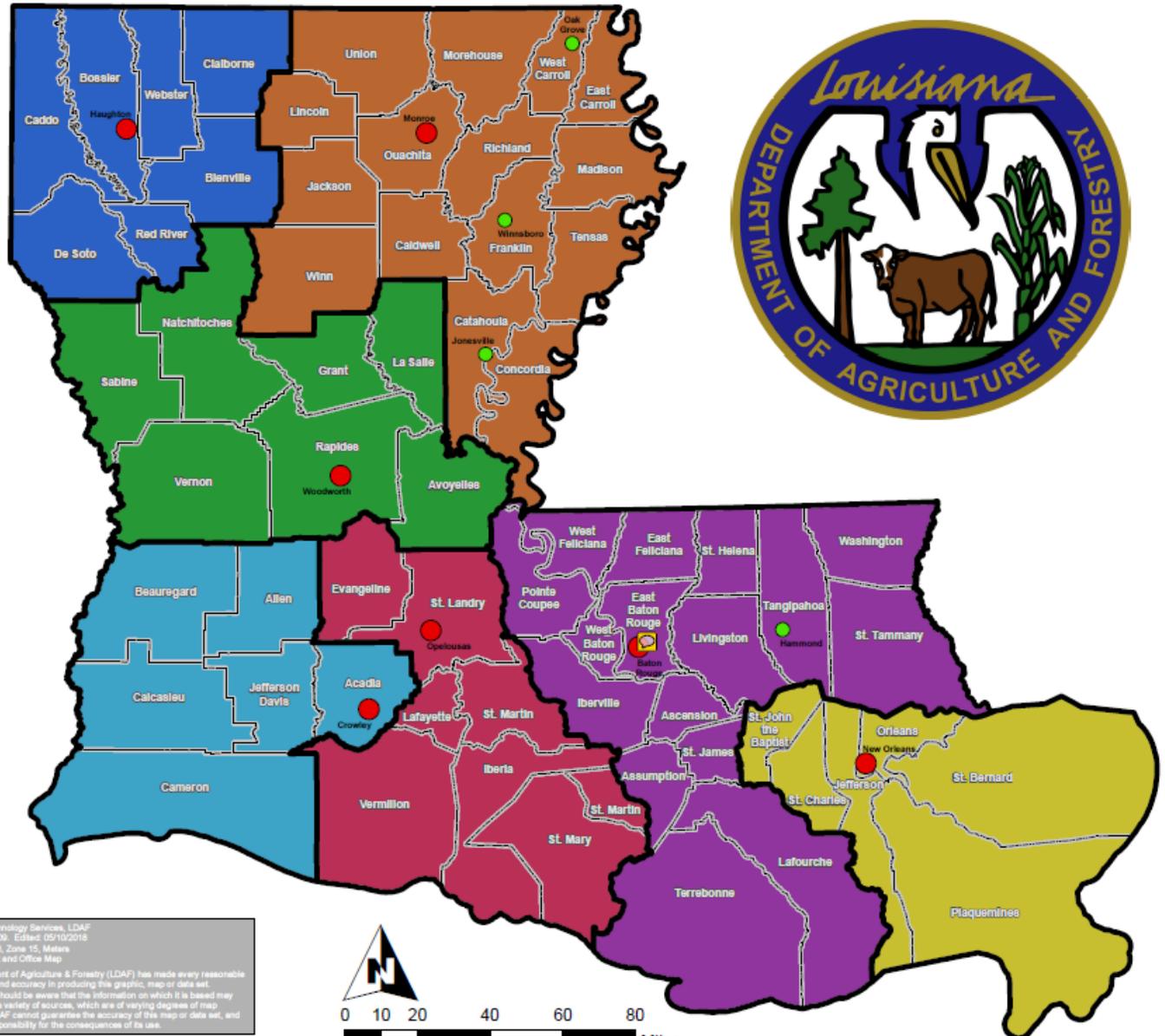
MIKE STRAIN DVM, COMMISSIONER

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



Legend

-  AES District Boundary
-  Parish Boundary
-  Alexandria District
616 Forestry Rd.
Woodworth, LA 71485
TEL: 318/487-6590
FAX: 318/487-6767
-  Baton Rouge District
6826 Florida Blvd
Baton Rouge La 70808
TEL: 226/922-1274
FAX: 226/926-3790
-  Crowley District
110 S. Western Ave.
Crowley, LA 70628
TEL: 337/788-7629
FAX: 337/788-7673
-  Monroe District
764 Hwy. 80 East
Monroe, LA 71203
TEL: 318/346-7686
FAX: 318/346-1774
-  New Orleans District
Room #1034
1106 Robert E. Lee Blvd.
New Orleans, LA 70124
TEL: 504/286-1126
FAX: 504/286-1128
-  Opelousas District
1810 Creweell Lane
Opelousas, LA 70670
TEL: 337/948-0230
FAX: 337/948-0229
-  Shreveport District
740 Covington Road
Haughton, LA 71037
TEL: 318/948-3226
FAX: 318/948-8848
-  AES District Offices
-  AES Satellite Offices



Author: Information Technology Services, LDAF
 Production Date: 05/06/09, Edited: 05/10/2018
 Projection: UTM NAD 83, Zone 15, Meters
 Application: AES District and Office Map
 The Louisiana Department of Agriculture & Forestry (LDAF) has made every reasonable effort to ensure quality and accuracy in producing this graphic, map or data set. Nevertheless, the user should be aware that the information on which it is based may have come from any of a variety of sources, which are of varying degrees of map accuracy. Therefore, LDAF cannot guarantee the accuracy of this map or data set, and does not accept any responsibility for the consequences of its use.

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

Louisiana Industrial Hemp Program
2020 Contract Carrier License Application

License Renewal Submission Deadline: November 30th annually

Any person interested in contracting to transport industrial hemp plants, plant parts and products must first submit a Contract Carrier License application and receive a Contract Carrier License from LDAF prior to engaging in the regulated profession.

Directions: Complete all parts of this application. Enter the applicant name on the top of pages 2-3. Submit the application and all required attachments and documentation to LDAF main office at 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806 or one of the LDAF district offices.

Read and follow carefully all instructions on the previous pages before completing this application.

If completing this form electronically, navigate the form with the mouse.

OFFICIAL USE ONLY
Date Received:
Application Status Notification Date:
License Fee Received: Yes or No
Check No:
License No:

Applicant Information
1) Applicant Name:
2) Are you applying as an individual or as a business?
A. If applying as an individual, complete Section A, questions A1 – A5, and skip Section B.
A1. Mailing Address of Individual Applicant:
A2. Physical Address of Individual Applicant:
A3. Email of Applicant:
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.
B1. Business Name:
B2. Is this business registered with the Louisiana Secretary of State:
B3. Registered Agent
B4. Business type
B5. Employer Identification Number (EIN):
B6. Business Mailing Address:
B7. Business Physical Address:
B8. Email of Applicant:
B9. Cell Phone:
B10. Business Phone:

AES-28-06



OFFICE USE
Transmittal #
Check #
Date
Amt. \$.00

Applicant Name: _____

Designated Responsible Party Information

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

1. Name:

2. Title:

3. Email:

4. Phone:

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.

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 on the user end. 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
- 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 contract carrier 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

Applicant Name: _____

- 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
- 8) I affirm that, if I am issued a license, I shall not allow other persons, not employed by me, to transport industrial hemp under my license in lieu of their own license with LDAF.
 Yes No
- 9) 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

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 (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 contract carrier license may be withheld or revoked.

Signature of Applicant

Date

Printed name of Applicant

Title