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

LDAF 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	
Complete Physical Address	

I hereby declare that:

Printed Name	Title
Phone	Email

*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

Date

Signature of designated responsible party

Printed Name

Date