



Maryland Department of Agriculture

Office of Plant Industries and Pest Management

Larry Hogan, Governor
Boyd K. Rutherford, Lt. Governor
Joseph Bartenfelder, Secretary
Julianne A. Oberg, Deputy Secretary

Turf and Seed

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Agriculture | Maryland's Leading Industry

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INDUSTRIAL HEMP SITE REGISTRATION APPLICATION

NAME <i>(Last, First, Middle)</i>	
RESIDENTIAL ADDRESS	
MAILING ADDRESS <i>(if different)</i>	
EMAIL ADDRESS	
PRIMARY PHONE <i>(cell or home)</i>	
SECONDARY PHONE <i>(cell or home)</i>	
BUSINESS NAME <i>(if applicable)</i>	
BUSINESS ADDRESS	
BUSINESS PHONE	
BUSINESS ADDITIONAL PHONE	
TYPE OF LICENSE APPLIED FOR:	<input type="checkbox"/> RESEARCH WITH INTENT TO MARKET <input type="checkbox"/> RESEARCH ONLY

PARTNERING INSTITUTIONS OF HIGHER EDUCATION

NAME OF INSTITUTION	
NAME OF CONTACT PERSON	
TITLE	
ADDRESS	
MAILING ADDRESS <i>(if different)</i>	
EMAIL ADDRESS	
PRIMARY PHONE <i>(cell or office)</i>	
SECONDARY PHONE <i>(cell or office)</i>	

OUTDOOR PRODUCTION

FARM NAME				
STREET ADDRESS				
CITY				
STATE			ZIP CODE	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT				
DOES THIS FARM HAVE MULTIPLE ENTRANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER OF ENTRANCES:				
	FIELD ID	GPS: LATITUDE <i>(E.G. 38° 9.919'N)</i>	GPS: LONGITUDE <i>(E.G. 84° 49.267'W)</i>	ACRES
FIELD				
FIELD				
FIELD				
FIELD				

GREENHOUSE PRODUCTION

FARM NAME					
STREET ADDRESS					
CITY					
STATE			ZIP CODE		
<input type="checkbox"/> OWN <input type="checkbox"/> RENT					
DOES THIS GREENHOUSE HAVE MULTIPLE ENTRANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER OF ENTRANCES:					
	GREENHOUSE ID	GPS: LATITUDE <i>(E.G. 38° 9.919'N)</i>	GPS: LONGITUDE <i>(E.G. 84° 49.267'W)</i>	TOTAL SQUARE FT.	SQUARE FT. USED FOR INDUSTRIAL HEMP
SITE #1					
SITE #2					
SITE #3					
SITE #4					

Explain the industrial hemp research you are interested in conducting. Include your plans for planting, maintenance, harvesting, and post-harvest utilization of industrial hemp.

DISCLOSURE OF CRIMINAL CONVICTIONS - Maryland's Industrial Hemp Research Program states that "a person with a felony drug conviction within the past 10 years may not contract to grow or cultivate industrial hemp under this subsection and requires applicants to submit fingerprints to the FBI to obtain a criminal history check, proof of which must be submitted as an attachment to this application."

(PLEASE INITIAL) _____ I further acknowledge that a person registered with the department shall allow industrial hemp crops, throughout sowing, growing season, harvest, storage, and processing, to be inspected and tested by and at the discretion of the department.

(PLEASE INITIAL) _____ I have read this registration form and understand the requirements in it and I agree to hold harmless and release the state of Maryland, its officers, employees, contractors or agents from any and all claims, actions, suits, damages, judgments, attorney's fees, or prosecution of any kind, that may arise due to my cultivation of Cannabis sativa (L) conducted under authority of this state law-based registration requirement administered by the department.

(PLEASE INITIAL) _____ I acknowledge federal prosecution for growing hemp in violation of federal law may include criminal penalties, forfeiture of property.

(PLEASE INITIAL) _____ I acknowledge that until current federal law is amended to provide otherwise, cultivation and possession of industrial hemp in Maryland is a violation of the Federal Controlled Substances Act; unless the industrial hemp is grown, cultivated, or marketed under a pilot program authorized by section 7606 of the federal Agricultural Act of 2014, Pub. L. No. 113-79.

(PLEASE INITIAL) _____ I certify that the hemp seeds obtained for planting are of a type and variety that do not exceed the maximum concentration of tetrahydrocannabinol concentration of no more than 0.3 percent on a dry weight basis.

(PLEASE INITIAL) _____ I affirm that for three years following the cultivation of industrial hemp on the site(s) identified on this application, I agree to monitor the site(s) identified on this application and the surrounding area for volunteer or feral hemp plants, and immediately destroy volunteer or feral hemp plants in the areas identified above at my own cost and expense.

(PLEASE INITIAL) _____ I affirm that I am prepared to conduct a research project and comply with all other requirements of the Maryland Department of Agriculture Industrial Hemp Research Pilot Program, including timely submission of reports and other required documents.

(PLEASE INITIAL) _____ I declare that all of the information contained in this application is true and accurate. I understand that if the department later determines any of this information to be inaccurate, the application and registration may be withheld or terminated.

APPLICANT PRINTED NAME _____ SIGNATURE OF APPLICANT _____ DATE _____
PARTNERING INSTITUTIONS OF HIGHER EDUCATION AUTHORIZED SIGNATURE PRINTED NAME _____ TITLE _____ SIGNATURE _____ DATE _____
LAND OWNER (IF DIFFERENT FROM APPLICANT): THE ABOVE APPLICANT HAS MY PERMISSION TO USE THE SITE LISTED ON THIS APPLICATION, WHICH I OWN, TO PARTICIPATE IN THE MARYLAND INDUSTRIAL HEMP PILOT PROGRAM. PRINTED NAME _____ SIGNATURE _____ DATE _____

INDUSTRIAL HEMP RESEARCH PILOT APPLICATION CHECKLIST:

- Completed Application for an Industrial Hemp Site License
- Enclose a FBI criminal history check
- Maps (*including name, address, GPS coordinates*)
- Registration fee of \$250.00 payable to: The Maryland Department of Agriculture
- Mail application, supporting materials, and payment to:

Turf & Seed Section, Maryland Department of Agriculture
50 Harry S Truman Parkway
Annapolis, Maryland 21401