



INTENT TO GROW/CULTIVATE INDUSTRIAL HEMP

SEASON _____

To comply with licence condition 16 of the Licence to Grow/Cultivate Industrial Hemp this Intent to Grow/Cultivate Industrial Hemp form **MUST** be completed and supplied to DPIPWE (details on page 2) every year for the term of the licence.

- I **WILL NOT** be growing an Industrial Hemp crop this season - please sign and return
- I **WILL** be growing an Industrial Hemp crop this season - please complete growing details overleaf

LICENCE HOLDER DETAILS

Licence No _____ Expiry Date _____

Licence Holder _____ Date of Birth _____

Responsible Officer: _____
(where licence holder is a company) First name _____ Middle Name _____ Surname _____

Trading Name _____ ABN _____

Residential Address _____ State _____ Postcode _____

Postal Address _____ State _____ Postcode _____

Contact Phone (w) _____ Phone (h) _____ Phone (m) _____

Email _____

OTHER INTERESTED PARTIES (include person responsible for management of crop if other than licence holder)

First name _____	Middle Name _____	Surname _____	Date of Birth _____	Main Interest 1-6* _____
First name _____	Middle Name _____	Surname _____	Date of Birth _____	Main Interest 1-6* _____
First name _____	Middle Name _____	Surname _____	Date of Birth _____	Main Interest 1-6* _____
First name _____	Middle Name _____	Surname _____	Date of Birth _____	Main Interest 1-6* _____
First name _____	Middle Name _____	Surname _____	Date of Birth _____	Main Interest 1-6* _____

* Pick from list - 1. Responsible Person 2. Director 3. Employee 4. Owner 5. Financial Interest 6. Other (please specify).

DECLARATION

I declare that to the best of my knowledge and belief, all information given in this Notice is true and correct in every particular. Under section 26 of the *Industrial Hemp Act 2015*, the penalty for making false or misleading statement for the purpose of obtaining a licence is a fine not exceeding 30 penalty units or imprisonment for a term not exceeding 2 years, or both.

Signature _____ Date Signed _____

PROPOSED PROPERTY DETAILS

For each property, please provide the property name and address

Are you the owner of the property on which you intend to grow? Y N

If no, provide property owner name and phone number below. Please note, it is recommended that you have written confirmation from the owner authorising your use of the property to grow industrial hemp.

	Property Name	Property Address	Property Owner Name	Phone No.
1	_____	_____	_____	_____
2	_____	_____	_____	_____

PADDOCK DETAILS

Please provide details of each paddock on which you intend to grow this season.

GPS references should be entered using GDA94 datum (6 digits eastings, 7 digits northings) eg 527169,5252088

Property Name	PID	Paddock Name	GPS East	GPS North	Certified Seed	Seed supplied by	Purpose of crop*	Paddock Area HA	Roadside paddock?	
									Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*Pick from list - 1. Food 2. Fibre 3. Seed 4. Seed multiplication 5. Other

TOTAL CONTRACTED AREA _____

Expected sowing date: _____ Expected harvesting date: _____ Other relevant information _____

Please return this completed form to:
 AgriGrowth Tasmania
 Department of Primary industries, Parks, Water and Environment
 GPO Box 44
 HOBART TAS 7001