

INTENT TO GROW/CULTIVATE INDUSTRIAL HEMP RESEARCH LICENCE

Barcode

SEASON

To comply with licence condition 20 of the Licence to Research Industrial Hemp this Intent to Grow/Cultivate Industrial Hemp form **MUST** be completed and supplied to the Department of Primary Industries, Parks, Water and Environment (DPIPWE) (details on page 2) for each crop planted during the term of the licence. *(Any research relating to, or for the purpose of, the therapeutic use of cannabis is prohibited under a Research Licence).*

- I WILL NOT be growing an Industrial Hemp crop this season** - please complete parts 1 and 4 only and return to address overleaf
- I WILL be growing an Industrial Hemp crop this season** - please complete all parts, adding additional pages as required

PART 1 - 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					

PART 2 - GROWING CONTRACTOR DETAILS (applicable where crop being grown under contract)

Growing Contractor Name	Field Officer	Agreement No. (if applicable)
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PART 3 - OTHER INTERESTED PARTIES (if applicable, include person responsible for management of crop if other than licence holder)

First name	Middle name	Surname	Date of Birth	/	/	Main Interest*
First name	Middle name	Surname	Date of Birth	/	/	Main Interest*
First name	Middle name	Surname	Date of Birth	/	/	Main Interest*

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

PART 4 - 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 a 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	/	/	Ver 1.0 - July 2019	Page 1
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INTENT TO GROW/CULTIVATE INDUSTRIAL HEMP: RESEARCH LICENCE

PART 5 - RESEARCH DETAILS Note: Neither commercial nor plant extraction activities are permitted under a Licence to Research Industrial Hemp

Purpose of trial	Methodology (or attach research proposal)
Timeframe of trial	Proposed end use of trial material <i>eg destroyed, seed used for further trials, seed to be provided to another person</i>

PART 6 - PADDOCK DETAILS (including details of trial crops)

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 (E), 7 digits northings (N)) eg 527169, 5252088

Paddock Address (including property name on which paddock is located)	Paddock Name	GPS (E)	GPS (N)	Variety of Certified Seed	Name of Licensed Seed Supplier	Purpose of crop*	Paddock Area (Ha)	Paddock under Contract? (Y or N)	Roadside paddock (Y or N)

*Pick from list - 1. seed for processing 2. seed for multiplication 3. fibre 4. research 5. other

TOTAL AREA (Ha)	Where the total area is greater than 5 hectares, please detail elements of research that would necessitate an area of this size:
Expected sowing date / /	Expected harvesting date / /

PART 7 - PROPERTY DETAILS WHERE PADDOCKS ARE NOT OWNED BY GROWER

Are you the owner of the above paddock locations on which you intend to grow? Yes No (if yes, proceed to PART 7)

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

1 - Property Name/Address	Property Owner Name	Phone No.
2 - Property Name/Address	Property Owner Name	Phone No.

PART 8 - SAMPLING Note: All seed varieties are required to be sampled to determine THC concentration at licensee's or growing contractor's expense

Do you want to be present at sampling? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide name/contact details
As part of your research, will you be undertaking any sampling and testing for THC concentration? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please return this completed form to: Regulated Crops Branch, Department of Primary Industries, Parks, Water and Environment, GPO Box 44 HOBART TAS 7001
or email: industrialhemp@dpipwe.tas.gov.au