



SCHEDULE 2

LICENCE TO IMPORT INDUSTRIAL HEMP

Industrial Hemp Licence Application must also be submitted.

* PROTECTED *

1. APPLICATION INFORMATION

Registered Name (if not an Individual)

Surname (if an individual)

First Given Name

Second Given Name

Indicate the address at which the applicant will keep the records, books, electronic data or other documents required by the regulations (P.O. Box not acceptable, see Guide)

Address

City/Town

Province

Postal Code

Legal description of the site being licensed

(P.O. Box not acceptable, see Guide)

Address

City/Town

Province

Postal Code

The Authorized Importer establishment number issued under the *Seeds Regulations* _____

A copy of the Operator's licence issued under Section 96 of Part IV of the *Seeds Regulations* and a copy of the Certificate of Registration under Part IV of the *Seeds Regulations* for establishments must be attached.

The licensed operator: Surname

Date of Birth (Day/Month/Year)

- Mr. Mrs.
- Ms. Miss

/ /

First Given Name

Second Given Name

Indicate Sex

- Male Female

Title/Position

2. ABOUT THE IMPORTATION

Form in which the industrial hemp is to be imported. (See definitions in Guide)

- Grain Oil Seed for Sowing Other (specify) _____

List each address where the industrial hemp will be stored only and no other activity requiring a licence will take place. Attach additional sheets, as required. (P.O. Box not acceptable)

Form of Industrial Hemp Stored at this Address

Address

City/Town

Province/ Postal Code

3. LICENCE TO IMPORT INDUSTRIAL HEMP - CERTIFICATION

Name of the Person Responsible for ensuring compliance with the Regulations

Title

Telephone

Ext.

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Signature - Person responsible for ensuring compliance with the Regulations

Date

I consent to the inclusion of my name, the company name, e-mail and postal addresses, telephone and facsimile numbers on a list to be published by Health Canada to inform the industrial hemp industry of my authorization.

- Yes _____
- No Signature

ADMINISTRATION USE ONLY