



Health  
Canada

Santé  
Canada

# SCHEDULE 7 INDUSTRIAL HEMP PLANT BREEDER LICENCE



## APPLICANT INFORMATION

Surname	First Given Name	Second Given Name
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### Legal description of the site being licenced

Address	City / Town	Province	Postal Code

Indicate the address at which the applicant will keep the records, books, electronic data or other documents required by the Regulations

Address	City / Town	Province	Postal Code

List each address where the industrial hemp will be stored only (Attach a separate sheet if more space is required)

Address	City / Town	Province	Postal Code	Form of Industrial Hemp at this Address

### Name of the individual certified as a Plant Breeder

Surname	First Given Name	Second Given Name
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Has a copy of the confirmation as a Plant Breeder issued by the Canadian Seed Growers Association been attached?  Yes  No

## ABOUT THE CULTIVATION

Land on which the Industrial Hemp is to be cultivated is:

owned by applicant  owned by \_\_\_\_\_

A statement indicating the owner's consent is attached.  Yes  No

Number of hectares being cultivated under the provisions of this licence

Indicate the Global Positioning System co-ordinates to situate the site being cultivated at this location.

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Indicate the number of varieties of industrial hemp to be cultivated

The name of each approved cultivar to be sown under provisions of this licence

Cultivar	Hectares	Cultivar	Hectares

Number of hectares cultivated under the provisions of an Industrial Hemp Breeders Licence in

The previous year	Two (2) years ago

Has a map been included situating any part of the site cultivated for seed, viable grain, or fibre and indicating on the map its location within the site?  Yes  No