



SCHEDULE 8 INDUSTRIAL HEMP VIABILITY TESTING LABORATORY LICENCE APPLICATION

Industrial Hemp Licence Application and Schedule 6 must also be submitted

*PROTECTED *

1. APPLICANT INFORMATION				ADMINISTRATION USE ONLY
Registered Name				
Surname	First Given Name	Second Given Name		
Legal description of the site being licensed. (P.O. Box not acceptable, see Guide)				
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 (P.O. Box not acceptable, see Guide)				
Address	City/Town	Province	Postal Code	
A copy of the certificate or letter of accreditation under Section 14 of the <i>Canadian Agricultural Products Act</i> must be submitted				

2. LICENCE TO PERFORM VIABILITY TESTING - CERTIFICATION			
Name of the Person - Senior Analyst responsible for ensuring compliance with the Regulations.	Title	Telephone # ()	Ext. ()
Signature - Person responsible for ensuring compliance with the Regulations		Date	

3. CONSENT FOR PUBLICATION OF COMPANY NAME	
<i>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.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right; margin-top: 10px;"> _____ Signature </div>