



### SCHEDULE 9

## AUTHORIZATION TO POSSESS INDUSTRIAL HEMP

*Industrial Hemp Licence Application must also be submitted.  
Schedule 6 must be submitted, if applicant is not an individual.  
This Schedule does not apply to viability testing or delta 9-tetrahydrocannabinol testing.*

\* PROTECTED \*

### 1. CONTACT PERSON INFORMATION

Registered Name (if not an individual)

Name of Contact Person	Title	Telephone # ( )	Ext. ( )
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Address	City/Town	Province	Postal Code
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Indicate the address at which the applicant will keep the records, books, electronic data or other documents required by the Regulation. A Post Office Box is not acceptable for this purpose.

Address	City/Town	Province	Postal Code
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Description of Activity to be Authorized:

*Attach additional pages, if required*

### ADMINISTRATION USE ONLY

### 2. AUTHORIZATION TO POSSESS INDUSTRIAL HEMP - CERTIFICATION

Name of 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

### 3. CONSENT FOR PUBLICATION OF COMPANY NAME

*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