



### SCHEDULE 10

## LICENCE TO PRODUCE INDUSTRIAL HEMP DERIVATIVES AND PRODUCTS

*Industrial Hemp Licence Application must also be submitted.*

*Schedule 6 must be submitted, if applicant is not an individual.*

\* PROTECTED \*

### 1. CONTACT PERSON INFORMATION

Registered Name (if not an individual)

Name of Contact Person	Title	Telephone # ( )	Ext. ( )
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 Regulation. A Post Office Box is not acceptable for this purpose.

Address	City/Town	Province	Postal Code
---------	-----------	----------	-------------

Detailed Description of Activity to be Licensed:

*Attach additional pages, if required*

ADMINISTRATION  
USE ONLY

### 2. LICENCE TO PRODUCE DERIVATIVES - CERTIFICATION

Name of Person 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 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