

APPLICATION OR REAPPLICATION FOR A LICENCE TO GROW INDUSTRIAL HEMP FOR RESEARCH PURPOSES ¹

1. APPLICANT

1.1. Name: Surname _____ Given Name _____	1.3. Birth date (dd/mm/yy): / /
1.2. Address: _____ _____ _____ _____	1.4. Tel.: () - Fax : () -

1.5 Reapplication yes no

Previous licence numbers (if applicable): _____

2. OWNER OF THE FIELD, LOT OR FARM PROPOSED FOR HEMP CULTIVATION

2.1. Name - if different from 1.1: <input type="checkbox"/> Same as 1.1 Surname _____ Given Names _____	2.3. Birth date (dd/mm/yy): / /
2.2. Address - if different from 1.2: <input type="checkbox"/> Same as 1.2 _____ _____ _____ _____	2.4. Tel.: () - Fax : () -

3. RESEARCHER

Please check if separate pages are attached

3.1. Name - if different from 1.1: <input type="checkbox"/> Same as 1.1 Surname _____ Given Names _____	3.3. Birth date (dd/mm/yy): / /
3.2. Address - if different from 1.2: <input type="checkbox"/> Same as 1.2 _____ _____ _____ _____	3.4. Tel.: () - Fax : () -

3.5. Research Institution / Company (including faculty, department etc.) :

¹ See "Guidance on Application for Licence to Grow Industrial Hemp for Research Purposes"

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3.5. Research Institution / Company (including faculty, department etc.) :

3.6. Academic Qualifications:

3.7. Speciality:

3.8. Researcher's responsibility with respect to this initiative :

- | | |
|---|---|
| <input type="checkbox"/> Preparation of research statement | <input type="checkbox"/> Data gathering |
| <input type="checkbox"/> Development of research objectives | <input type="checkbox"/> Preparation of plant samples for THC testing |
| <input type="checkbox"/> Experimental design | <input type="checkbox"/> Data analysis |
| <input type="checkbox"/> Conducting of field research | <input type="checkbox"/> Report writing |

4. LOCATION:

4.1. Field / Lot Number:

4.2. Description of the location in relation to surrounding fields, roads, habitation:

- Please check if a map or drawing is attached

4.3. Brief description of the physical security measures in place/planned:

- Please check if separate pages are attached

5. THC (DELTA-9 TETRAHYDROCANNABINOL) TESTING

5.1. Laboratory

Licence number:

Name:

Address:

5.2. Sampling and testing procedures:

I have read Health Canada's **Guidance on Application for Licence to Grow Industrial Hemp for Research Purposes** and **Guidance on Sampling and Analysis of delta-9 THC in Hemp**. I agree to perform the sampling according to these guidelines and to submit the samples to the above-licensed laboratory for THC testing and to assume the cost of the analysis.

Signature of Applicant

Date

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6. RESEARCH PROJECT

6.1. Research objectives:

Please check if separate pages are attached

6.2. Research Methodology:

Please check if separate pages are attached

6.3. Seeded area (hectares):

Please check if separate pages are attached

7. HEMP SEED / HEMP VARIETIES

For each hemp variety to be used, please provide the name of the variety, the expected % of THC, the complete name and address of the supplier, the quantity to be used in kg. If hemp seeds are imported on your behalf, please check the squares in the last column and attach a separate sheet with the name and address of the **licensed** importers

Variety Name	% THC	Name and address of supplier	Qty (kg)	Imp.
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Please check if separate pages are attached

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8. RECORD KEEPING

- a) The applicant must keep records of all **movement and use of plant material**, including storage and distribution, in order to demonstrate a chain of custody. An up-to-date inventory of the hemp seeds and hemp plants must be maintained. Please provide a short description of the record keeping.
- b) The applicant must keep records of all **operations with respect to conducting the project**, such as sowing, harvesting, sampling and testing. Please provide a short description of the record keeping.

Please check if separate pages are attached

9. END USE OF HARVESTED MATERIAL

9.1. END USER: For each end user of harvested material, please specify the name of the individual or company that will perform additional research or transformation of the product, the part of the plant that will be used, the quantity to be provided and the nature of the research or transformation to be undertaken.

Name / Phone # / Fax # / Contact	Address	Plant part and Qty	Research / transformation

Please check if separate pages are attached

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10. DESTRUCTION OF PLANTS OR PLANT PARTS

10.1. PERSONS RESPONSIBLE FOR DESTRUCTION: Please specify the name of the individual or company that will perform destruction of the plant or part of the plant.

Name / Phone # / Fax # / Contact	Address	Plant part	Quantity

Please check if separate pages are attached

10.2. DESTRUCTION: Provide a short description of the method to be used to destroy the **surplus** plant and plant parts that will not be used in the project:

Please check if separate pages are attached

11. POLICE SERVICES:

11.1. Local Police Service:	Name: _____ Address: _____ _____ _____ Tel: _____
11.2. Closest Provincial Police Detachment - if different from 11.1:	Name: _____ Address: _____ _____ _____ Tel: _____
11.3. Closest RCMP Detachment - if different from 11.1:	Name: _____ Address: _____ _____ _____ Tel: _____

In the event of a security breach, the police service in 11.1 and the Office of Controlled Substances will be notified immediately by the licensee, the landowner or the local operator.

Signature of Applicant

Date

11.4. Letters from the police services in 11.1 and 11.2 indicating that they are aware of your project:

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Local Police Service | <input type="checkbox"/> Attached | <input type="checkbox"/> Submitted directly by Police Service |
| <input type="checkbox"/> Provincial Police | <input type="checkbox"/> Attached | <input type="checkbox"/> Submitted directly by Police Service |
| <input type="checkbox"/> RCMP Detachment | <input type="checkbox"/> Attached | <input type="checkbox"/> Submitted directly by Police Service |

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12. REPORT PREPARATION

Projected completion date of project: _____

Projected date of report: _____

Name of person(s) who will prepare report:

13. OTHER INFORMATION

Please provide any additional information which you feel may facilitate the (re)issuance of this licence (e.g. grants applied for or received, publications by the applicant regarding this or similar projects).

Please check if separate pages are attached

I wish to apply for a licence, in accordance with the provisions of the *Controlled Drugs and Substances Act*, its *Narcotic Control Regulations* and any relevant aspects of the *Industrial Hemp Regulations*, in order to cultivate hemp for research purposes as outlined in **Section 6** above.

Signature of Applicant

Place

Date