



Alaska Division of Agriculture Hemp Program

Modification of Registration Request

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The submission of this request form and subsequent registration agreement must be completed prior to the growing, processing, retailing, or storing of any industrial hemp at any location **NOT** already listed on your original registration agreement. This form may also be submitted in the event of a registrant's death, incapacity, or dissolution or to change the site of operations of your growing, processing, retail and or storage location(s).

Directions: Complete all parts of the following request and submit the request, modification of registration fee (if required), and all required attachments to Alaska Plant Materials Center Hemp Program, 5310 S. Bodenburg Spur, Palmer, AK 99645. The request must be complete, accurate and legible. Follow all instructions in the document. Be sure to keep a copy of the full request for your records.

The completed request(s) may be filed electronically, mailed, or hand-delivered to the division. All associated fees must be submitted to the division at the time of submittal. Fees may be in the form of cash, check, money order or the applicant may contact the division at 907-745-4469 to pay electronically. For the electronic mail submission of the request(s), please send completed forms to industrialhemp@alaska.gov. To facsimile a completed request(s), send to 907-746-1568. To post mail a completed request(s), send to Alaska Plant Materials Center Hemp Program, 5310 S. Bodenburg Spur, Palmer, AK 99645.

Registration Holder:	Registration Number:
Name of Signing Authority on License (if business):	
Email:	Phone:

1) Check the appropriate box(es) below indicating your request.

- ☐ Adding or changing a **growing, processing, or retail** site(s) after submitting the Registration Application. (Fees assessed)
- ☐ Adding or changing **ONLY** a **storage** location(s). (No fees assessed)
- ☐ Changing a Registration Holder's Name due to the original registrant's death, incapacity, or dissolution. (Fees assessed) – **If this is your only selection skip to question 12 and complete the table. Attach documentation verifying the authority to modify the registration.**

- 2) If this request is being submitted after your application has been submitted, you must include a Modification of Registration Fee for each set of new GPS Coordinates. A new growing, processing, or retail location is defined as any change to a GPS location that was not listed on the initial Registration Application (i.e., any change to or addition of GPS coordinates at an address on the Registration Agreement, or for the addition of a new address. The Modification of Registration surcharge does not apply to storage sites, but prompt request to the division and approval is required for storage-only sites.

☐ Attached check in the amount of: \$ _____

(Total amount equals the number of new locations, i.e., each set of new GPS coordinates x Fee amount)

- 3) Provide a list of additional locations you wish to register by completing the corresponding tables below in items **(4) Field Addresses, (5) Greenhouse/Indoor growing Addresses, (6) Processing Addresses, (7) Retail Addresses, and (8) Storage Addresses.**

Check here to indicate you have read the instructions below. ☐

- Each registrant shall comply with all terms of the original growing, processing, or retailer registration, until the division approves the modification request in writing.
- You are required to provide precise GPS coordinates in Degrees Decimal Minutes for each additional location at each address.
Example: Latitude: 38° 9.191'N, Longitude: 84° 49.267'W
- A map depicting each address and the items listed in the *Instructions for Creating Maps and Obtaining GPS Coordinates* is required.
- **The field and building Location IDs used in these tables MUST match on all future registration and report forms used in the program.**

4) Field Addresses. Complete parts **a)** and **b)** below. Attach additional page(s) as necessary.

a) Enter the information for the ADDITION of requested field address(es) or additional fields to already approved address(es) in the cells below. Be sure to include a Location ID and GPS coordinates for each growing site.					
Farm 1	Planting Address 1	City	State	Zip Code	Own or Rent
			AK		
	Location ID*	GPS: Latitude Ex. 38° 9.919'N	GPS: Longitude Ex. 84° 49.267'W		Acres
Field 1					
Field 2					
Field 3					
Field 4					

Farm 2	Planting Address 2	City	State	Zip Code	Own or Rent
			AK		
	Location ID*	GPS: Latitude Ex. 38° 9.919'N	GPS: Longitude Ex. 84° 49.267'W		Acres
Field 1					
Field 2					
Field 3					
Field 4					

b) Enter the information for the REMOVAL of requested field locations. Be sure to include Location ID(s) (as they appear on your current Registration Agreement) for each growing site.				
	Address	City	Zip Code	Location ID(s)*
Location 1				
Location 2				

*Location ID: An identifier or common name for each field, as designated by the applicant. The Location ID will be listed in the Registration Agreement and used to identify the field.

5) Greenhouse/Indoor Growing Addresses. Complete parts **a)** and **b)** below. Attach additional pages(s) as necessary.

a) Enter the information for the **ADDITION** of requested greenhouse/indoor growing address(es) or additional buildings to already approved address(es) in the cells below. Be sure to include a Location ID and GPS coordinates for each growing site.

Indoor Growing Address 1	Planting Address 1	City	State	Zip Code	Own or Rent
			AK		
	Location ID*	Type of Structure [^]	GPS: Latitude Ex. 38° 9.919'N	GPS: Longitude Ex. 84° 49.267'W	Square Feet
Building 1					
Building 2					
Building 3					

Indoor Growing Address 2	Planting Address 2	City	State	Zip Code	Own or Rent
			AK		
	Location ID*	Type of Structure [^]	GPS: Latitude Ex. 38° 9.919'N	GPS: Longitude Ex. 84° 49.267'W	Square Feet
Building 1					
Building 2					
Building 3					

b) Enter information for the **REMOVAL** of requested greenhouse/indoor growing locations. Be sure to include Location ID(s) (as they appear on your current Registration Agreement) for each growing site.

	Address	City	Zip Code	Location ID*
Location 1				
Location 2				

* Location ID: An identifier our common name for each building, as designated by the applicant. The Location ID will be listed in the Registration Agreement and used to identify the structure.

[^] Type of structure may be a greenhouse, high tunnel, barn, warehouse, etc.

6) Processing Addresses. Complete parts **a)** and **b)** below. Attach additional pages(s) as necessary.

a) Enter information for the ADDITION of requested processing address(es) or additional buildings to already approved address(es) in the cells below. Be sure to include a Location ID and GPS coordinates for each processing site.					
Processing Site 1	Processing Address 1	City	State	Zip Code	Own or Rent
			AK		
	Location ID*	Type of Structure [^]	GPS: Latitude Ex. 38° 9.919'N	GPS: Longitude Ex. 84° 49.267'W	
Building 1					
Building 2					
Building 3					

Processing Site 2	Processing Address 2	City	State	Zip Code	Own or Rent
			AK		
	Location ID*	Type of Structure [^]	GPS: Latitude Ex. 38° 9.919'N	GPS: Longitude Ex. 84° 49.267'W	
Building 1					
Building 2					
Building 3					

b) Enter information for the REMOVAL of requested processing locations. Be sure to include Location IDs (as they appear on your current Registration Agreement) for each processing site.				
	Address	City	Zip Code	Location ID*
Location 1				
Location 2				

* Location ID: An identifier our common name for each building, as designated by the applicant. The Location ID will be listed in the Registration Agreement and used to identify the building.

[^] Type of structure may be a greenhouse, high tunnel, barn, warehouse, etc.

7) Retail Addresses. Complete parts **a)** and **b)** below. Attach additional page(s) as necessary.

a) Enter information for the ADDITION of requested retail address(es) in the cells below.					
Address 1	Retail Address	City	State	Zip Code	Own/Rent
			AK		
GPS: Latitude Ex. 38° 9.919'N		GPS: Longitude Ex. 84° 49.276'W			
Address 2	Retail Address	City	State	Zip Code	Own/Rent
			AK		
GPS: Latitude Ex. 38° 9.919'N		GPS: Longitude Ex. 84° 49.276'W			

b) Enter information for the REMOVAL of requested retail address(es) below.			
	Retail Address	City	Zip Code
Location 1			
Location 2			

- 8) Storage Addresses.** Complete parts **a)** and **b)** below. Attach additional pages(s) as necessary. The Modification of Registration surcharge does not apply to storage-only addresses. Storage addresses must be listed in the table below even if listed in tables for **questions 4-7** above, in order to provide GPS coordinates for storage building(s).

a) Enter information for the ADDITION of requested storage buildings in the cells below. Be sure to include a Location ID and GPS coordinates for each storage site.					
Storage Location 1	Storage Address 1	City	State	Zip Code	Own or Rent
			AK		
	Location ID*	Type of Structure [^]	GPS: Latitude Ex. 38° 9.919'N	GPS: Longitude Ex. 84° 49.267'W	
Building 1					
Building 2					
Building 3					

Storage Location 2	Storage Address 2	City	State	Zip Code	Own or Rent
			AK		
	Location ID*	Type of Structure [^]	GPS: Latitude Ex. 38° 9.919'N	GPS: Longitude Ex. 84° 49.267'W	
Building 1					
Building 2					
Building 3					

b) Enter information for the REMOVAL of requested storage address(es) below. Be sure to include Location IDs (as they appear on your current Registration Agreement) for each storage site.				
	Address	City	Zip Code	Location ID*
Location 1				
Location 2				

* Location ID: An identifier our common name for each structure, as designated by the applicant.

The Location ID will be listed in the Registration Agreement and used to identify the structure.

[^] Type of structure may be a greenhouse, high tunnel, barn, warehouse, etc.

- 9) Attach maps depicting Location ID(s) being requested for addition.

Indicate number of maps being submitted: _____

- 10) If any of your locations are own or leased from another person, indicate whether you have authorization from the owner to conduct industrial hemp research on the property. The division reserves the right to request a notarized letter of support from the property owner.

☐ Yes ☐ No ☐ Not Applicable (owned by me)

If "YES" complete the table below.

Name of owner / landlord	Property Physical Address	Phone number of owner/landlord

- 11) If your mailing address has changed, please provide your new mailing address in the table below.

Street Address	City	State	Zip Code

- 12) Complete this section **ONLY** in the event of a registrant's death, incapacity, or dissolution and you want to transfer the registration to an authorized transferee. Complete the table below. **Attach documentation verifying the authority to modify the registration.**

Applicant Information	
1) Applicant Name:	
2) Primary Residential Address of Applicant:	
3) Are you applying as an individual or as a business? Check or Circle one:	
<input type="checkbox"/> Individual (Complete Part A in this table below; skip Part B)	
<input type="checkbox"/> Business Entity (Skip Part A; Complete Part B in this table)	
A. If applying as an Individual, complete section A below and skip Section B. If applying as a business entity skip Section A, complete Section B below.	

A1. Name of Business:	
A2. Business Physical Address:	
A3. Email Address for Applicant:	
B. If applying as a Business, complete Section B below. Note: The business entity must be authorized and in good standing with the State of Alaska.	
B1. Name of Business:	
B2. Owners as listed on Business License:	
B3. Licensed by State: <input type="checkbox"/> Yes <input type="checkbox"/> No	Business License #:
B4. Operates as one of the following: <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship/Individual <input type="checkbox"/> Other	
B5. Physical Address:	
B6. Mailing Address:	
B7. Email Address for Applicant:	
C. Contact Information for authorized person(s) or designee(s) who have signing authority for this business entity:	
C1. Name of Business Entity:	
C2. Physical Address:	
C3. Mailing Address:	
1- Name:	Title:
Cell Phone:	Email:
2- Name	Title:
Cell Phone:	Email:

I hereby verify and affirm that all the information contained in this Modification of Registration is true and accurate. I understand that I shall comply with all terms of the original registration agreement until the division approves the modification request in writing. If the Alaska Division of Agriculture later determines that any of this information to be inaccurate, the request may be denied, changes withdrawn, and my Registration Agreement may be **suspended or **revoked**.**

**Signature of Registration Holder / Approved Transferee
Transferee**

Date

Printed Name

Title, if applicable