

Alaska Department of Natural Resources  
Division of Agriculture  
Plant Materials Center  
5310 S. Bodenbug Spur  
Palmer, AK 99645  
PHONE: (907) 745-4469 FAX: (907) 746-1568



**GROWER APPLICATION**

Anyone growing or handling hemp in Alaska must successfully complete the full application process with the Alaska Division of Agriculture (DoAg) and be issued a Hemp Grower Registration before taking possession of any viable hemp seeds/propagules or in-program harvested hemp materials.

This application is for a 1-year HEMP GROWER REGISTRATION. Non-refundable Application Fee: \$150 Mail to: Attn: Hemp Program 5310 S. Bodenbug Spur, Palmer, AK 99645, or Email to: [industrialhemp@alaska.gov](mailto:industrialhemp@alaska.gov)

Please include with this application all required fees, maps, and background check(s). An applicant is not authorized to grow or cultivate hemp until it has received the approval notice with registration number from the Division.

Background Checks are required annually for the primary applicant to determine eligibility under 7 CFR 990.6(e)(1) and as required and defined in AS 03.05.076(a)(3)(A). The report must be dated within 60 days of the application date. Conditional approval of a registration will not be granted until a background check report is submitted.

<b>Applicant Information</b>	
<b>1) Applicant Name:</b>	
(Individual or signing authority for business entity- NOT a company name. List name as it appears on the background check.)	
<b>2) Primary Residential Address of Applicant:</b>	
<b>3) Are you applying as an individual or as a business?</b>	
Check or Circle one: <input type="checkbox"/> Individual (Complete Part A in this table; skip Part B)	
<input type="checkbox"/> Business Entity (Skip Part A; Complete Part B in this table, next page)	
<b>A. If applying as an Individual, complete Section A, questions A1 – A4, and skip Section B. If applying as a business, skip Section A, complete Section B below and on next page.</b>	
<b>A1. Mailing Address of Individual Applicant:</b>	
<b>A2. Email for Applicant:</b> Note: Email is the primary method of communication for this program.	
<b>A3. Cell Phone of Applicant:</b>	
<b>A4. Home Phone of Applicant:</b>	
<b>B. If applying as a business, complete Section B, questions B1-B9.</b> <b>NOTE: For business application, the business MUST be an established legal entity established with the Division of Corporations, Business and Professional Licensing.</b>	
<b>B1. Name of Business:</b>	<b>B2. EIN:</b>

<b>B3. Licensed by the State?</b> <input type="checkbox"/> Yes, License Number _____ <input type="checkbox"/> No	
<b>B4. Business type (example: LLC, C-Corp., Partnership, etc.):</b>	
<b>B5. Principal Business Address:</b>	
<b>B6. Mailing Address:</b>	
<b>B7. Title of Applicant (individual signing authority):</b>	
<b>B8. Email for Applicant:</b>	
<b>B9. Cell Phone:</b>	<b>B10. Business Phone:</b>
<b>Key Participants: (Include contact information for all partners and/or individuals with executive managerial control such as chief executive officer, chief operating officer, or chief financial officer. Attach pages if needed.) Background Check Required</b>	
<b>1-Name:</b>	<b>Title:</b>
<b>Business Address:</b>	
<b>Phone Number:</b>	<b>Email:</b>
<b>2-Name:</b>	<b>Title:</b>
<b>Business Address:</b>	
<b>Phone Number:</b>	<b>Email:</b>
<b>3-Name:</b>	<b>Title:</b>
<b>Business Address:</b>	
<b>Phone Number:</b>	<b>Email:</b>

*\*Attach additional sheet if necessary.*

- 4) You may authorize TWO secondary contact persons, other than the applicant, to send and receive information related to your hemp application and license. They may include key participants. They will be able to send in reports and may receive all communications but will not have the authority to make changes to the license. If you would like to add secondary contact person(s), complete the table below.

Name	Address	Email	Phone

- 5) Indicate the proposed focus of your hemp project (check all that apply).

- Grain
- Fiber

- Floral Material (CBD, other cannabinoids, terpenes, or any other extracts)
- Replication of seeds
- Production of Transplants (seedlings or clones)
- Other (describe): \_\_\_\_\_

6) **Locations. (attach Additional Locations as necessary)** Provide a list of all locations requested for licensing by completing the tables below. ONLY ONE ADDRESS PER PAGE. For separate addresses, use separate pages. Attach additional page(s) as necessary.

Address (Street Number Required- Estimate if no physical number exists)	City	State	Zip	Borough	Own or Rent	USDA Farm Serial Number

**FIELDS (All outdoor growing locations. Each must be at least 0.25 acre in size.)**

Location ID	GPS: Latitude <i>Ex. 38° 9.919'N</i>	GPS: Longitude <i>Ex: 84° 49.267'W</i>	Acres

**GREENHOUSE / INDOOR GROWING**

- Transplants only (either seeded or vegetative cuttings), or seasonal stock plants
- Stock plants, year round
- Year-round production with intent to harvest indoor plants

Location ID	Type of Structure <i>ex. Field, Greenhouse, Barn, etc</i>	GPS: Latitude <i>Ex. 38° 9.919'N</i>	GPS: Longitude <i>Ex: 84° 49.267'W</i>	Area - Square Feet

**STORAGE LOCATIONS**

Location ID	Type of Structure <i>ex. Field, Greenhouse, Barn, etc</i>	GPS: Latitude <i>Ex. 38° 9.919'N</i>	GPS: Longitude <i>Ex: 84° 49.267'W</i>	Area - Square Feet

7) **Second address for locations. For separate addresses, use separate pages.** Attach additional page(s) as necessary.

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8) Seed Source and Varieties. (attach additional sheets as necessary)

Name:		
Address:		
City:	State:	Zip:
Varieties:		

9) Criminal History. Has the person responsible for management of hemp or any officer, director, stockholder, or person with executive managerial control over the entity seeking a license been convicted of a drug-related felony in any court of the U.S. or any state or territory in the past 10 years?  Yes  No If “Yes”, provide dates and details about the conviction(s).

NOTE: Background check instructions and the proper forms can be found by referencing this document- [Background Checks Memo](#).

Dates and Details of Convictions:
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## Attachments

Check all attachments below that you are submitting with this application. In addition to those listed, attachments may include extended answers to any question in the application, a business plan, or other supporting documents.

- A. REQUIRED: Check or Money Order or Card Payment for \$150 payable to State of Alaska.
- B. REQUIRED: Background Check from DPS for the applicant and key participants for business entities.
- C. REQUIRED: Maps, one per address - Farm, greenhouse/indoor growing structures, and handling/storage location maps (including applicant name, site address, location IDs).
- D. Other Attachment (describe): \_\_\_\_\_
- E. Other Attachment (describe): \_\_\_\_\_

By signing below, I attest that under penalty of unsworn falsification that 1) the application is true, correct, and complete; 2) the signatory has authority to bind the applicant; 3) the applicant has read and is familiar with AS 03.05.010, 03.05.076 – 03.05.100, and this chapter; and 4) the applicant has not been convicted of a felony described in AS 03.05.076(a)(3)(A) or (B). I understand that if the Division later determines that any of this information to be false or inaccurate, the registration may be suspended or revoked.

I understand that before a grower registration is approved Alaska law requires the primary applicant and key participants to obtain a background check (criminal history report) in accordance with 7 CFR 990.6(e)(1) and AS 03.05.076(a)(3)(A)  Yes  No

I understand that I am required to report my hemp crop acreage to the Farm Service Agency (FSA) within 10 days from the date the hemp was planted.  Yes  No

**I understand that FSA issued lot numbers will be required by the division when conducting pre-harvest on-site hemp sampling and testing for THC compliance.  Yes  No**

**I understand that a planting report must be submitted not later than 30 days after planting. Registrants must enter in the “FSA number” on the division Planting Reports for each lot of hemp.  Yes  No**

<b>Name (print):</b>	<b>Date:</b>
<b>Signature:</b>	
<b>Title, if applicable:</b>	