



Agriculture and Markets

ANDREW M. CUOMO
Governor

RICHARD A. BALL
Commissioner

New York State Department of Agriculture and Markets Grower Research Partner Application Industrial Hemp Agricultural Research Pilot Program

The NYS Department of Agriculture and Markets is administering an Industrial Hemp Agricultural Research Pilot Program, authorized by New York State law and 7 U.S.C. § 5940 (Farm Bill of 2014).

The Department is accepting applications from individuals or businesses interested in conducting research relating to the growing of industrial hemp.

Instructions

Read the [Program Guidance and Sample Research Partner Agreements](#) to ensure that you understand all the legal and programmatic requirements for participation in the Industrial Hemp Agricultural Research Pilot Program.

Complete the following application, include all necessary attachments and the non-refundable \$500 application fee, and submit an original copy to:

NYS Department of Agriculture & Markets
Plant Industry Division
10B Airline Drive
Albany NY 12235

Incomplete applications will be rejected.

All questions must be submitted in writing to industrialhempNYS@agriculture.ny.gov or through the U.S. mail to the address above.

This is a:

☐

New application

☐

Renewal

FOR OFFICE USE ONLY

Date received: _____
 Estab. No: _____ License No.: _____
☐ Credit Card ☐ Check ☐ M.O Receipt
 Reviewed: _____ Approved: _____

1. Applicant.

Business/Institution Name: _____

Federal ID No. _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email Address: _____

Mailing address (if different from above): _____

City: _____ State: _____ Zip Code: _____ County: _____

2. Person Responsible for Applicant's Management of Industrial Hemp Growing.

Title: _____ Phone: (____) _____

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Optional secondary contact:

Title: _____ Phone: (____) _____

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

3. Growing Locations – List each field/greenhouse separately, even if located at the same address. Attach additional sheets if necessary.

Submit with this application a map displaying site boundaries, nearby roadways, and access points of each separate grow site

| | |
|--|--|
| Site 1: | |
| <input type="checkbox"/> Outdoor _____ acres OR <input type="checkbox"/> Indoor _____ square feet | |
| Site name/ID: _____ | GPS Coordinates from center of field in decimal format: ex. 42.734537, -73.817688 |
| Address: _____ | |
| City: _____ | Latitude: _____ |
| State: _____ Zip Code: _____ | Longitude: _____ |
| County: _____ | |
| I confirm that I have control over this property through: | |
| <input type="checkbox"/> Ownership <input type="checkbox"/> Lease agreement | |

| | |
|--|--|
| Site 2: | |
| <input type="checkbox"/> Outdoor _____ acres OR <input type="checkbox"/> Indoor _____ square feet | |
| Site name/ID: _____ | GPS Coordinates from center of field in decimal format: ex. 42.734537, -73.817688 |
| Address: _____ | |
| City: _____ | Latitude: _____ |
| State: _____ Zip Code: _____ | Longitude: _____ |
| County: _____ | |
| I confirm that I have control over this property through: | |
| <input type="checkbox"/> Ownership <input type="checkbox"/> Lease agreement | |

4. Experience. Please describe any relevant experience of Applicant as well as person(s) responsible for industrial hemp in your organization.

5. Indicate the focus of your research (check all that apply).

- ☐ Fiber
- ☐ Grain or food products (including hemp for seed oil)
- ☐ Replication of seeds or vegetative planting stock (e.g. production of transplants)
- ☐ CBD
- ☐ Other: _____

Note: If you intend on processing industrial hemp you must submit a separate processor registration form. ***The Department is not accepting CBD processing applications at this time.***

6. Research plan. Explain in detail the industrial hemp research you are interested in conducting. Attach additional sheets if necessary.

7. Marketing Plan – Provide the name(s) of processor(s) to whom you will be selling your crop, if known. Also include a letter of intent from the processor(s) that will be purchasing your hemp crop if applicable. Attach additional sheets if necessary:

8. Seed/Propagule Acquisition Plan. Identify the varieties you intend to plant and list the source, including address, of the industrial hemp seed/propagules for each variety.

9. Security Measures. Identify the steps that will be taken to ensure that industrial hemp and/or products derived from industrial hemp are not acquired, possessed, grown or cultivated, harvested, stored, transported, distributed or disposed of, except under conditions that ensure that it will not be possessed or used in violation of requirements set forth in the Research Partner Agreement.

9. Felony. Has the person responsible for management of industrial hemp or any officer, director or any stockholder exercising management of or control over the applicant been convicted of a felony and/or drug-related misdemeanor in any court of the U.S. or any state or territory? ☐ Yes ☐ No

If yes, please explain:

To ensure that your application is not rejected as incomplete, make sure all the following information is complete and all documentation is attached to your application:

- ☐ All questions have been answered.
- ☐ The non-refundable application fee of \$500 is included as a check or money order. Contact industrialhempNYS@agriculture.ny.gov if paying by credit card. This \$500 fee covers a three-year authorization period and is subject to change.
- ☐ All additional sheets have been completed and are attached.
- ☐ Maps and GPS coordinates of each growing site are attached.
- ☐ Application has been signed and dated.

The undersigned applies for registration as an industrial hemp research partner pursuant to the provisions of Article 29 of the Agriculture and Markets Law. The undersigned acknowledges that the regulatory environment as it applies to industrial hemp is in flux and program guidance and regulations are subject to change at any time.

I (We) agree to permit free entry and free access to the Commissioner and his agents to all registered premises, buildings, and offices used in the cultivating, harvesting, transportation, processing, studying, storing and disposing of industrial hemp. ☐ **Yes**

I (We) agree to maintain sites engaged in industrial hemp research in a manner that permits ready inspection by the Department. ☐ **Yes**

I (We) understand that the issuance of a research authorization is conditioned upon the execution of a Research Partner Agreement with the Department, which will be issued after application review. ☐ **Yes**

I (We) agree to conform to the laws of the State of New York concerning the handling and movement of industrial hemp and to related regulations of the Department currently in effect or adopted subsequent to the issuance of a research permit. ☐ **Yes**

I (We) attest that we are in compliance with all applicable New York State Laws and are not the subject of any state enforcement proceedings relating thereto. ☐ **Yes**

"I understand that the statements made in this application will be accepted for all purposes as the equivalent of an Affidavit and that any false statements made herein, in addition to being the possible basis for a revocation of any research approval given as a result of this application, may be punishable as a misdemeanor under the provisions of Section 210.45 of the Penal Law of the State of New York."

Signature _____ Date _____

Printed name and title _____

Legal name of Business/Partnership/Corporation _____