

**LICENSE No.** (to be completed by OISC) \_\_\_\_\_  
**Office of Indiana State Chemist & Seed Commissioner**

**All applications are to be completed using the fillable form below.  
Paper applications WILL NOT be processed.  
Sign the form using the "Fill & Sign" tool in Adobe Reader.**

**General Information For Grower or Handler License Applicants:**

*If you are applying for a business license, a responsible part must be listed under Applicant Full Legal Name. The address should be that of the business.*

*If this is an application for an individual, the address should be the individual's private residence.*

**Business Name:** \_\_\_\_\_

**Applicant Full Legal Name:** \_\_\_\_\_

**Legal Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Last four of SSN:** \_\_\_\_\_ (Last 4 digits of social security number for Applicant or responsible business party. May be used in obtaining background check.)

**I wish to conduct activities as a grower (IC 15-15-13-4) and apply for an Indiana Hemp Grower's License. This includes Agricultural Hemp Seed Production grower activity, clone production, whether in the field or a greenhouse, or other enclosed facility.**

*Grower: A Grower can do all of the growing, processing, drying and transporting of their own crop under a Grower license. You must have a grower contract or letter of intent with a buyer in order to submit this application.*

**I wish to conduct activities as a handler and apply for an Indiana Hemp License (IC 15-15-13-5, IC 15-15-13-7(b), IC 15-15-13-9).**

*Handler: Includes processing, drying for others, transporting for others, etc.*

Footnote: 1"Hemp" means the plant Cannabis sativa L., and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9-tetrahydrocannabinol concentration of not more than 0.30% THC on a dry weight basis, for any part of the Cannabis sativa L. plant. (see IC 15-15-13-6 and 360 IAC 2-1-8).

**I affirm with my signature below that I am 18 years of age or older and that i am personally making application for a hemp license.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

*If you did not have a license in 2019, skip to Item #1:*

**If you held a hemp research license for 2019, issued by our office, for which a background check was required. Subject to the perjury statutes and rules of Indiana, do you now confirm that your background check information was accurate at the time it was provided to OISC for the 2019 hemp license?**

**YES                      NO**

**Have you been charged or convicted of any drug misdemeanors or drug felonies in 2019?**

**YES                      NO**

***Please read the following two (2) items carefully:***

**ITEM #1:** A licensed person’s name and city, will be posted to an OISC public website unless you indicate that you do not want to be included on such a site.

If you agree to have your name and city posted on the State Seed Commissioner’s website as a licensed person or a handler of agricultural hemp seed, please check the box below.

**NOT CONFIDENTIAL**

If you **DO NOT** agree to have your name and city posted on the State Seed Commissioner’s website as a licensed person or a handler of agricultural hemp seed, please check the box below, sign and date.

**CONFIDENTIAL**

Date:

*Fully legible legal name*

(sign and date only if you DO NOT want to have your name posted.)

**ITEM #2:** As the licensee, it is your responsibility to contact your Purdue University county extension offices and county Sheriff’s offices to report you are licensed and report all growing, drying and processing sites. If you do not know your local sheriff, we suggest a web search on your county name and the word “sheriff” to locate your county office. For example: “Tippecanoe County, Sheriff”  
Purdue University County Cooperative Extension Offices can be located on the website  
<https://extension.purdue.edu/4h/Pages/countyOffices.aspx>

**Growers Only:** It is also your responsibility to report your crop to your local Farm Services Agency. Your hemp crop must be reported after planting and before July 15, 2020.  
<https://www.fsa.usda.gov/state-offices/indiana/index>

*Are you engaging (by contract, by shared resources) with any other grower(s) as a coordinated venture or growing or processing activity? If yes, please have each independent grower complete an application for license. These persons are independent growers or processors and must be licensed.*

**Each individual growing, drying and processing site must be reported separately in the sections below.**

**Growing Site Information**

*Provide total acres or square footage being used strictly for the growing of hemp - numeric only. Latitude and Longitude must be in decimal format and contain all positions returned from the mapping program used and should be taken from the center of the field or structure. <https://www.latlong.net>*

**Growing Site 1: Unique name or identifier of site**

Indoor grow?  Outdoor grow?  Variety \_\_\_\_\_ Acres/Sq. Ft \_\_\_\_\_  
Purpose: \_\_\_\_\_ Other (specify) \_\_\_\_\_  
County \_\_\_\_\_ Latitude (decimal) \_\_\_\_\_ Longitude (decimal) \_\_\_\_\_  
Does this variety have a history of running hot in Indiana? (See website for information) Yes  No

**Growing Site 2: Unique name or identifier of site**

Indoor grow?  Outdoor grow?  Variety \_\_\_\_\_ Acres/Sq. Ft \_\_\_\_\_  
Purpose: \_\_\_\_\_ Other (specify) \_\_\_\_\_  
County \_\_\_\_\_ Latitude (decimal) \_\_\_\_\_ Longitude (decimal) \_\_\_\_\_  
Does this variety have a history of running hot in Indiana? (See website for information) Yes  No

**Growing Site 3: Unique name or identifier of site**

Indoor grow?  Outdoor grow?  Variety \_\_\_\_\_ Acres/Sq. Ft \_\_\_\_\_  
Purpose: \_\_\_\_\_ Other (specify) \_\_\_\_\_  
County \_\_\_\_\_ Latitude (decimal) \_\_\_\_\_ Longitude (decimal) \_\_\_\_\_  
Does this variety have a history of running hot in Indiana? (See website for information) Yes  No

**Growing Site 4: Unique name or identifier of site**

Indoor grow?  Outdoor grow?  Variety \_\_\_\_\_ Acres/Sq. Ft \_\_\_\_\_  
Purpose: \_\_\_\_\_ Other (specify) \_\_\_\_\_  
County \_\_\_\_\_ Latitude (decimal) \_\_\_\_\_ Longitude (decimal) \_\_\_\_\_  
Does this variety have a history of running hot in Indiana? (See website for information) Yes  No

**Growing Site 5: Unique name or identifier of site**

Indoor grow?  Outdoor grow?  Variety \_\_\_\_\_ Acres/Sq. Ft \_\_\_\_\_  
Purpose: \_\_\_\_\_ Other (specify) \_\_\_\_\_  
County \_\_\_\_\_ Latitude (decimal) \_\_\_\_\_ Longitude (decimal) \_\_\_\_\_  
Does this variety have a history of running hot in Indiana? (See website for information) Yes  No

**Growing Site 6: Unique name or identifier of site**

Indoor grow?  Outdoor grow?  Variety \_\_\_\_\_ Acres/Sq. Ft \_\_\_\_\_  
Purpose: \_\_\_\_\_ Other (specify) \_\_\_\_\_  
County \_\_\_\_\_ Latitude (decimal) \_\_\_\_\_ Longitude (decimal) \_\_\_\_\_  
Does this variety have a history of running hot in Indiana? (See website for information) Yes  No

**Growing Site 7: Unique name or identifier of site**

Indoor grow?  Outdoor grow?  Variety \_\_\_\_\_ Acres/Sq. Ft \_\_\_\_\_  
Purpose: \_\_\_\_\_ Other (specify) \_\_\_\_\_  
County \_\_\_\_\_ Latitude (decimal) \_\_\_\_\_ Longitude (decimal) \_\_\_\_\_  
Does this variety have a history of running hot in Indiana? (See website for information) Yes  No

**Growing Site 8: Unique name or identifier of site**

Indoor grow?  Outdoor grow?  Variety \_\_\_\_\_ Acres/Sq. Ft \_\_\_\_\_  
Purpose: \_\_\_\_\_ Other (specify) \_\_\_\_\_  
County \_\_\_\_\_ Latitude (decimal) \_\_\_\_\_ Longitude (decimal) \_\_\_\_\_  
Does this variety have a history of running hot in Indiana? (See website for information) Yes  No

**Growing Site 9: Unique name or identifier of site**

Indoor grow?  Outdoor grow?  Variety \_\_\_\_\_ Acres/Sq. Ft \_\_\_\_\_  
Purpose: \_\_\_\_\_ Other (specify) \_\_\_\_\_  
County \_\_\_\_\_ Latitude (decimal) \_\_\_\_\_ Longitude (decimal) \_\_\_\_\_  
Does this variety have a history of running hot in Indiana? (See website for information) Yes  No

**Growing Site 10: Unique name or identifier of site**

Indoor grow?  Outdoor grow?  Variety \_\_\_\_\_ Acres/Sq. Ft \_\_\_\_\_

Purpose: \_\_\_\_\_ Other (specify) \_\_\_\_\_

County \_\_\_\_\_ Latitude (decimal) \_\_\_\_\_ Longitude (decimal) \_\_\_\_\_

Does this variety have a history of running hot in Indiana? (See website for information) Yes  No

I attest that all crops listed above are sold with a buyers agreement, a letter of intent or that I will be processing the crop myself.

**Drying and processing site information**

*Latitude and Longitude must be in decimal format and contain all positions returned from the mapping program used and should be taken from the center of the structure. If the site is not in IN, only Latitude and Longitude are necessary.*

IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
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IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____
IN?	County _____	Latitude _____	Longitude _____

**Sources of Hemp are clone suppliers, seed companies and greenhouses you have purchased from, etc. For processors, sources you are buying material from should be listed; growing coops, individual farmers or out of state sources.**

**Source of hemp (seed or clones, or propagative materials):**

**Business Name:** \_\_\_\_\_

**State or Country from which the seed, clones, or propagative materials were obtained:**

\_\_\_\_\_ and

**City:** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Phone Number (XXX-XXX-XXXX)** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Source of hemp (seed or clones, or propagative materials):**

**Business Name:** \_\_\_\_\_

**State or Country from which the seed, clones, or propagative materials were obtained:**

\_\_\_\_\_ and

**City:** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Phone Number (XXX-XXX-XXXX)** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Source of hemp (seed or clones, or propagative materials):**

**Business Name:** \_\_\_\_\_

**State or Country from which the seed, clones, or propagative materials were obtained:**

\_\_\_\_\_ and

**City:** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Phone Number (XXX-XXX-XXXX)** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Applicant Qualification for License**  
**(Each statement must be signed using full signature; not initials)**

Neither marijuana nor medical hemp are legal in Indiana and are not regulated under this license. This license does not exempt an individual from complying with any FDA regulations regarding medicinal claims, food, or animal food regulations, or any other state or federal requirement.

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Pursuant to IC15-15-13-7(c)(5) under penalty of perjury, I declare that I am not less than 18 years of age and that I am applying for a hemp license or agricultural hemp seed license and that I have not been convicted of a drug related felony or misdemeanor in the previous ten (10) years.<sup>1</sup>

**Foot note 1: includes the present time of application and ten years prior.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to IC15-15-13-7(c)(6) I hereby give my consent to participate in a national fingerprint criminal background check, or to allow the Indiana State Police department to conduct a national fingerprint criminal history background check. You must provide a legible copy of a valid government-issued identification card, or valid driver's license with current information to be submitted with this application. (IC15-15-13-9(c),(d))

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to IC15-15-13-7(c)(7) I hereby give my consent to allow the state seed commissioner or the Indiana state police department, or, if a license is granted to me, to conduct aerial inspection, and to enter the premises on which the hemp is grown to conduct physical inspections of hemp planted and grown, and to ensure the plants meet the definition of hemp as set forth in IC 15-15-13-6, or subject to IC 15-15-13-9.5(a)(6) to document and make available handler's records and verify quantity of each variety of propagative material distributed, or subject to IC 15-15-13-9.5(a)(7) to report to the state seed commissioner on state seed commissioner's form under oath each variety and quantity of propagative material sold during the semiannual period.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to IC15-15-13-9(i), and, when applicable, IC 15-15-13-13(e) in addition to any civil penalty levied for a violation, I hereby agree to reimburse the state seed commissioner for the cost of testing conducting on the grower's crop under this section.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that the state seed commissioner's duties are to: Establish necessary testing criteria and protocols, including a procedure for testing, using post decarboxylation or other similarly reliable methods, delta-9-tetrahydrocannabinol concentration levels of the hemp produced. IC 15-15-13-12 (3)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Authority: IC 15-15-13-7, IC 15-15-13-9 I agree to provide all appropriate information to the state seed commissioners office required by law. This information includes County; a statement verifying the crop type(s) (fiber, seed, oil, CBD, etc.), variety(s) of the hemp, grow site(s) of each variety, and cite by contractor: Acres planted; Acres harvested; total quantity produced (pounds per acre, plants per square foot, etc.) by variety, Disposition of the crop(s) (sold, processed, destroyed, etc.), Production costs per unit, Wholesale or retail value of the crop(s) per unit, Names of buyers (in state or out of state) and Other data requests may be added by the state seed commissioner . The state seed commissioner shall consolidate the report and combine summary data so as to not reveal any one source of data.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subject to IC 15-15-13-9(a), I wish to provide the following contact information to be posted by the state seed commissioner on a website to notify others that I am a seller of agricultural hemp seed, or hemp clones:

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**General License Restrictions**  
**Office of Indiana State Chemist & Seed Commissioner**  
**Hemp and Agricultural Hemp Seed Applications**

When this license is approved by the Indiana Seed Commissioner:

- 1) A license, when granted by the Indiana State Seed Commissioner, is nontransferable and expires December 31 of the year for which it is issued, unless revoked. A license is subject to renewal. (IC15-15-13-8(c))
- 2) It is a violation of this license to distribute or to offer or to agree to distribute seed(s), plant(s), or plant part(s) to another individual in Indiana, unless that individual is also licensed by the Indiana seed commissioner as a hemp researcher, handler IC 15-15-13-7(c)(5), or grower IC 15-15-13-7(c)(4).
- 3) It is a violation of this license to grow or store hemp seed(s) or clones in a location that has not been licensed by the State Seed Commissioner.
- 4) It is a violation of this license to plant seed(s) or clones obtained under this license in any site not in Indiana, or in any site not specifically approved by the Indiana State Seed Commissioner in writing as part of an application to the Indiana State Seed Commissioner.
- 5) It is a violation of this license to transport to our state, in whole or in part, hemp (seed(s), plant(s) or plant part(s), including plants with flower bud(s)) to any site not authorized by the Indiana State Seed Commissioner.
- 6) It is a violation of this license to not report to the Indiana State Police and to the Indiana State Seed Commissioner the enhancement, theft from, or disturbance of any hemp field or hemp growing site authorized under this license.
- 7) It is a violation of this license to raise hemp that, resultant from a sampling and testing protocol adopted by the state seed commissioner, results in fields in the sampled aggregate in excess of 0.30% total THC with measure of uncertainty. Any field taken together that averages in excess of 0.30% THC dry weight will be destroyed, or may be redirected (IC15-15-13-9(h) )
- 8) Growing sites of hemp established under a license authorized by the Indiana State Seed Commissioner and that are managed in manner contrary to the license in the opinion of the Indiana State Seed Commissioner or upon advice of the Indiana State Police, may be revoked by the Indiana State Seed Commissioner and the plot may be thereafter subject to destruction.
- 9) All claims and determinations that reference hemp subject to IC 15-15-13, i.e., 0.3% THC dry weight, shall be made based on an analytical method approved by the Indiana State Seed Commissioner. Analyses must be conducted by a laboratory competent to do such analyses as determined by the Indiana State Seed Commissioner.
- 10) It is a violation of federal law (FIFRA) and state law (IC 15-16-5-65(2)) to use any pesticide in a manner inconsistent with its labeling approved by U.S. EPA and by the State Chemist. For information regarding which pesticides can be used legally for hemp production in Indiana, refer to the "Legal Use of Pesticide in Hemp Production in Indiana" document for FAQs and list of pesticide products for use in Indiana.
- 11) Harvest and Destruction Reports are due to the State Seed Commissioner's office within 15 days of each harvest.

**University Researcher: It is required that you are working with a university researcher to obtain a license. They will be an advisor to your growing and processing research.**

Full Name \_\_\_\_\_

University where employed \_\_\_\_\_

Institutional Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # of Researcher \_\_\_\_\_

Email Address of Researcher \_\_\_\_\_

**Please enter the Research Proposal on the following page:**

Either type your proposal in the text area provided or copy and paste text from another file source. DO NOT upload your proposal as a separate attachment.

**Research Proposal**

**Who, Where, How, What will be measured? What are the variables?**

**Current License Number (if applicable):**

**Please attach a scanned copy of your Driver's License by clicking the button to the right:**

**Please review your application carefully. Check that everything is spelled correctly, all appropriate and required signatures are present, latitude / longitude coordinates are accurate and provided in decimal format.**

**\*\*Incomplete submissions will be denied.\*\***

**Upon completion of all items, click the Submit Application button to the right:**

**OISC use only:**

**Application Checklist**

<b>Complete</b>	<b>Yes</b>	<b>No</b>
<b>Coordinates verified</b>	<b>Yes</b>	<b>No</b>
<b>Research advisor verified</b>	<b>Yes</b>	<b>No</b>
<b>Research proposal approved</b>	<b>Yes</b>	<b>No</b>
<b>Background Check</b>	<b>Pass</b>	<b>Fail</b>
<b>License Approved</b>	<b>Yes</b>	<b>No</b>