

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 University Researcher License Applicants:

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

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 researcher (IC 15-15-13-4) and apply for an Indiana Hemp Researcher's License. This includes Agricultural Hemp Seed Production grower activity, clone production, whether in the field or a greenhouse, or other enclosed facility.

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: _____

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 attest that I am employed by a university where I was required to pass a background check as a condition of employment and the university has a zero tolerance policy toward drug use.

YES

NO

I will NOT be an active grower but only a research advisor to growers or handlers of hemp. Research advisors are not licensed to transport hemp.

*****If you checked the box above, please skip the Growing Site Information section on page 3 and the Source of Hemp section on page 4. Your advisee(s) should provide this information on their application(s). Please continue the application on page 5.***

Will your research include the use of approved Pesticides or Herbicides? Yes No

University Research Projects

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

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.

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.¹

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

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: _____

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: _____

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.

Research Proposal

Briefly give an overview of your university based research projects.

Current License Number (if applicable):

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

Complete	Yes	No
Coordinates verified	Yes	No
Research proposal approved	Yes	No
Licensed approved	Yes	No