



## 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 reopening the application period for individuals or businesses interested in conducting research relating to the growing of industrial hemp.

#### **Instructions**

Read the Research Partner Agreements to ensure 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 \$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.

FAQs are available and will be updated throughout the application period.

All questions must be submitted in writing to [industrialhempNYS@agriculture.ny.gov](mailto:industrialhempNYS@agriculture.ny.gov) or through the U.S. mail to the address above.

**INDUSTRIAL HEMP GROWER RESEARCH PARTNER APPLICATION**

This is a:            New application            Amendment

<b>FOR OFFICE USE ONLY</b>
Date received: _____
Estab. No: _____ License No.: _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> M.O Receipt
Reviewed: _____ Approved: _____

**1. Applicant.**

Business/Institution Name: _____	
Federal ID. No. _____	Telephone No. (____) _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Email Address: _____	

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

Title: _____ Telephone No. (____) _____	
Name: _____	Social Sec. No. _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Email Address: _____	
Optional secondary contact:	
Title: _____ Telephone No. (____) _____	
Name: _____	Social Sec. No. _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Email Address: _____	

**3. Growing Locations** – List each field/greenhouse separately. 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 <input type="checkbox"/> Indoor   Acres/ Square Ft.: _____	
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: _____	
Site 2: <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor   Acres/ Square Ft.: _____	
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: _____	

**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: \_\_\_\_\_

List any end products you plan to distribute: \_\_\_\_\_

Note: If you intend on processing industrial hemp you must ***submit a separate processor registration form.***

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

**7. 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.

**8. 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:**

**INDUSTRIAL HEMP GROWER RESEARCH PARTNER APPLICATION**

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 application fee of \$500 is included as a check or money order.  
Contact [industrialhempNYS@agriculture.ny.gov](mailto:industrialhempNYS@agriculture.ny.gov) if paying by credit card.
- 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 \_\_\_\_\_