



Agriculture and Markets

ANDREW M. CUOMO
Governor

RICHARD A. BALL
Commissioner

New York State Department of Agriculture and Markets Grain and Fiber Processor 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 opening the application period for individuals or businesses interested in conducting research relating to the growth of industrial hemp for grain and fiber purposes.

Instructions

Read the Industrial Hemp Research Partner Processor Agreement 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 not be accepted.

FAQs are available; these will be updated throughout the application period.

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

FOR OFFICE USE ONLY	
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. Processing Location(s). List each location separately, using additional sheets as necessary.

Site name/ ID: _____

Address: _____

City, State, County, Zip Code _____

GPS coordinates in decimal format (ex. 42.734537, -73.817688):

Latitude: _____ Longitude: _____

Submit a map displaying site boundaries, nearby roadways, and access points of each separate site.

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:

Fiber

Grain processing

Food (industrial hemp derived products for human consumption, including hemp seed oil) *

Drying and/or storage

Other: _____

List any end products you plan to distribute: _____

****If you intend to process food grade products, submit with this application a copy of the required food processor permit. A final registration will not be granted until the required food safety license (20C) is obtained.***

6. Research Plan. Describe the industrial hemp research you are interested in conducting.

7. Source of Material. Industrial hemp must be acquired from authorized growers (a list of authorized New York growers is available [here](#)). List the industrial hemp growers you plan to use. If you are currently working with industrial hemp, list those sources.

8. Marketing Plan. Explain in detail what end products, if any, you plan to produce and/or sell, and your proposed marketing plan for those products.

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.

10. 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:

GRAIN AND FIBER PROCESSOR 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 if paying by credit card.
- All additional sheets have been completed and are attached.
- Maps and GPS coordinates of each processing 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 _____