



# Agriculture and Markets

ANDREW M. CUOMO  
Governor

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Commissioner

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

The New York State Department of Agriculture and Markets is administering an Industrial Hemp Agricultural Research Pilot Program (IHARP), for the 2018 growing season, as authorized by 7 U.S.C. § 5940 (Farm Bill of 2014). Those individuals or businesses interested in participating in IHARP as Research Partners must submit this application and a \$500.00 non-refundable application fee to the NYS Department of Agriculture and Markets, Division of Plant Industry, 10-B Airline Drive, Albany, NY 12235.

**Application Deadline: The application deadline for the Industrial Hemp Agricultural Research Pilot Program for the 2018 growing season is November 22, 2017. Applications with November 22, 2017 postmark will be accepted. The Department of Agriculture and Markets suggests sending application via certified mail, return receipt requested. The NYS Department of Agriculture and Markets is not responsible for applications that are lost in the mail or otherwise not received.**

**Primary Location (Physical and GPS coordinates):**

Business/Institution Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ County: _____
GPS Coordinates: _____
Email: _____

**Additional Location(s), if any: (attach additional sheets if necessary)**

Business/Institution Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ County: _____
GPS Coordinates: _____
Email: _____

**Person Responsible for Management of Industrial Hemp Processing:**

Title: _____	Telephone No.: ( ) _____
Name: _____	Social Sec. No. _____
Address: _____	Federal ID. No.* _____
City, State: _____	Zip Code: _____
*If applicable, provide the reason for not having a Federal ID. No. _____	
_____	

**Partner Growers – are you planning to use partner growers in the production of industrial hemp for your research?  YES  NO – If yes, list the names and addresses of such growers, and SUBMIT WITH THIS APPLICATION A COMPLETED PARTNER GROWER APPLICATION FOR EACH GROWER.**

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**Research Plan – Explain in detail the industrial hemp research you are interested in conducting and which part(s) of the industrial hemp plant you intend to use, e.g. Grain, Fiber, Floral Material (CBD extracts etc.): (attach additional sheets if necessary)**

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**Please describe any relevant experience of applicant and person(s) responsible for industrial hemp in your organization:**

Description:

**Do you intend to process CBD products for ingestion, inhalation, or topical application?  Yes  No**  
**If yes, please explain. (CBD related applications may require additional review by the New York State Department of Health.)**

**Do you intend to process food grade products?  Yes  No. If yes, attach a copy of the required food processor permit, or explain that you are currently applying for such permit.**

**Seed/Propagule Acquisition Plan – Identify the source including address, of the industrial hemp seed/propagules needed for your research:**

**Marketing Plan – Describe your marketing plan for any industrial hemp you intend to sell. (attach additional sheets if necessary)**

**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 state or federal law. (attach additional sheets if necessary)**

**Have you or 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: (attach additional sheets if necessary)**

To ensure that your application is not returned, make sure the information requested below is provided and each box is checked.

- Application is complete and all required fields are filled.
- Enclose a \$500.00 check payable to "The NYS Department of Agriculture and Markets" or call the Department at (877) 249-6841, if paying by credit card.
- Any required attachments are completed and attached.
- Application is signed and dated.
- A completed Research Plan.
- GPS coordinates/address for growing site are provided.
- Felony question has been answered.
- Partner Grower applications are attached (if applicable)

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 applicant 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: (a) to permit free entry and free access to the Commissioner and his agents to registered premises, buildings, and offices used in the cultivating, harvesting, transportation, processing, studying, storing and disposing of industrial hemp; and (b) 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 permit is conditioned upon the execution of a Research Partner Agreement with the Department.  **Yes**

I (We) further 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.”

Individual, Firm, or Corporate Name*		Date
Sign and Print name of Person Executing	Title	

All applications must be signed

\*NOTE: (a) If the applicant is an individual doing business under his or her own name, he or she must sign on signature line; (b) if co-partnership or assumed name, firm name must be given and one member must sign individually on signature line; (c) if corporation, corporate name must be given in full, with an authorized officer's signature on signature line and title on title line.