

HEMP PILOT PROGRAM APPLICATION

PART 1 – APPLICANT INFORMATION

Applicant Name _____

Business Name _____

Physical Street Address (no PO Box) _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Primary Phone _____ Primary Email _____

Were you a pilot participant in 2017? Yes No (If No, please complete the background check request form)

PART 2 – FIELD CERTIFICATION (leave this part blank if you are not growing hemp)

Number of individual fields to plant _____ Total acres _____

Field Locations

Provide as much information for each field listed below as possible (Must attach a detailed map showing each field location relevant to the nearest municipality and navigable roads with application). You may give either the legal land description **OR** the GPS point **AND** the address.

Field 1

TWP _____ Range _____ Section _____ 1/4 Section _____

Field Center GPS Point (latitude and longitude) _____

Field Address _____ City _____ State _____ Zip _____

Name of Field Owner/Inhabitant if different from the Pilot _____

Field Owner/Inhabitant Phone _____ Email _____

Field 2

TWP _____ Range _____ Section _____ 1/4 Section _____

Field Center GPS Point (latitude and longitude) _____

Field Address _____ City _____ State _____ Zip _____

Name of Field Owner/Inhabitant if different from the Pilot _____

Field Owner/Inhabitant Phone _____ Email _____

For additional fields, please attach a map and include field location data as indicated above.

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PART 3 – RESEARCH GOALS

Explain the industrial hemp research you are interested in conducting. Include your plans for site selection, planting, maintenance, harvesting, post-harvesting utilization, and *intended end products* of the hemp. Any proposed research projects must be explained in detail at this time. You may attach additional sheets if needed.

Breeding efforts will not be approved unless pilot is working under the supervision of an academic breeding expert.

I hereby certify that the information contained in and submitted with this form is true and correct.

Signature _____ Date _____

Name (*please print*) _____

SUBMIT FORM TO:

MDA Plant Protection
Attention: Industrial Hemp Pilot Program
625 Robert Street North
Saint Paul, MN 55155-2538

FOR FURTHER INFORMATION CONTACT:

Margaret.Wiatrowski@state.mn.us
651-201-6123