



HEMP PERMIT CHANGE FORM

This form shall be submitted to the Department’s Hemp Program when a change or update to a Hemp Permit holder’s information is necessary. Acceptable information changes include:

- Change of Permit Holder mailing address, phone or email
- Addition or removal of Key Participant (must include Identogo Receipt)
- Change or addition of Storage Location

NOTE: Change to growing or processing location is not allowed. This requires a new permit application. The deadline for growing permit application submission is April 1. Applications for new processing permits will be accepted throughout the year. The Hemp Permit Application is available online at <http://agriculture.pa.gov/hemp>.

Please complete the requested information below and mail or email the completed form to:

Hemp Program, Pennsylvania Department of Agriculture, 2301 North Cameron Street, Harrisburg, PA 17110

EMAIL: RA-AGPLHEMP@pa.gov

PERMIT HOLDER INFORMATION:

PDA Permit #: _____ Business Name: _____
 Permit Contact: _____
 Phone #: _____ Email Address: _____

CHANGE TO MAILING ADDRESS:

New Mailing Address:		
City:	State:	Zip:

CHANGE TO CONTACT INFORMATION:

New Email Address:	
New Phone Number:	Secondary Phone:

ADDITION OF KEY PARTICIPANTS: For a business entity, key participants are a person or persons who have a direct or indirect financial interest in the entity producing hemp, such as an owner or partner in a partnership. A key participant also includes persons in a corporate entity at executive levels including chief executive officer, chief operating officer and chief financial officer. This does not include other management positions like farm, field or shift managers.

A criminal history report must be completed for each key participant. Receipts from Identogo (**Service Code: 1KG8NN; Service Name: Hemp Grower**) for each applicant and key participant must be submitted as an attachment(s) to this form as proof the background check has been completed. **Persons with a felony drug conviction in the past 10 years may not grow or cultivate hemp.**

KEY PARTICIPANT FULL LEGAL NAME	TITLE	IDENTOGO SUBMISSION DATE
FULL ADDRESS (Street Address, City, State, Zip)	PHONE	EMAIL

KEY PARTICIPANT FULL LEGAL NAME	TITLE	IDENTOGO SUBMISSION DATE
FULL ADDRESS (Street Address, City, State, Zip)	PHONE	EMAIL

KEY PARTICIPANT FULL LEGAL NAME	TITLE	IDENTOGO SUBMISSION DATE
FULL ADDRESS (Street Address, City, State, Zip)	PHONE	EMAIL

REMOVAL OF KEY PARTICIPANTS:

FULL LEGAL NAMES OF KEY PARTICIPANTS	TITLE

ADDITION OF STORAGE LOCATIONS: List any facility addresses where purchased hemp seed and harvested hemp materials will be stored which are separate from Growing or Processing Locations. Include a single GPS point at the entrance to the location or main building at the storage location. (Use decimal format, Example: 39.12344, -76.54321.)

COMPANY NAME/ OWNER	COMPLETE ADDRESS <i>(Street Address, City, Zip)</i>	COUNTY	GPS POINT

REMOVAL OF STORAGE LOCATIONS:

	PROPERTY OWNER	COMPLETE ADDRESS	COUNTY
LOCATION 1			
LOCATION 2			

I, the permit holder, hereby verify and affirm that all information contained in this Permit Change Form is true and accurate.

PRINTED FULL NAME: _____
SIGNATURE: _____ **DATE:** _____