



Notification of sowing of industrial hemp

Both sides of a separate form to be used for each property

Grower details

Trading name:	_____		
Contact name:	_____	Lic. No.:	_____
Postal address:	_____ _____		
Telephone:	_____	Fax:	_____
		Mobile:	_____
Email:	_____	UHF:	_____
Property address:	_____		

Seed company / Licensee name and address (if applicable)

Please fill in a separate application for each grower above (if applicable)

Trading name:	_____	Contact name:	_____
Postal address:	_____ _____		
Telephone:	_____	Fax:	_____
		Mobile:	_____
Email:	_____	Lic No.:	_____

Invoices to be sent to: Grower Seed company / Licensee
Inspection results to be sent to: Grower Seed company / Licensee

Return to:

Senior Seed Certification Officer
AGWEST Plant Laboratories
Department of Agriculture and Food
3 Baron-Hay Court
South Perth WA 6151

Enquiries

Telephone: (08) 9368 3721
Facsimile: (08) 9474 2658
Email: hempregistrar@agric.wa.gov.au

Declaration

I declare that the varieties listed on the reverse of this form have been sown to meet the conditions of Licence under the *Industrial Hemp Act 2004* and agree to the required inspections.

Signature: _____

Date: _____

All industrial hemp crops must be inspected and tested for Tetrahydrocannabinol content. By signing this declaration you give permission for an Inspector authorised under the *Industrial Hemp Act 2004* to visit and sample the above crops



Complete all seed source and paddock details below. AGWEST Plant Laboratories will inspect crops and charge fees on the basis of this single application.

Seed source information				Current sowing information						Purpose of production (Please check box)		
Variety	Origin	Certified THC content	Lot identification	Sowing date	Expected harvest date	Paddock name	Two years ago	Last year	Hectares planted	Seed	Oil	Fibre
e.g.: Growfast	Canada	0.10%	13AA001	20/5/10	30/11/10	One tree	Wheat	Pasture	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Application checklist:

- Complete the front of this form with all contact details. The form must be signed.
- Complete seed source and paddock details above.
- **Enclose sowing labels and THC content information with this form** - bundle or staple together and identify by cultivar name and line number for each separate crop establishment. If there are more than ten labels per sowing, send the highest and lowest numbered labels from each sowing along with a note that records all label numbers used.
- Applications **must** be accompanied by an accurate map showing access to industrial hemp paddocks and part-paddock sowings. Please clearly define: farm paddock name; gates and fences; details of crops sown in adjoining paddocks; indicate North; roads and tracks and distances to nearest towns.