

Application Form

INDUSTRIAL HEMP

Application to Amend an Industrial Hemp Licence (Location, Activities, Cultivars & Cultivation Area)

B1

Misuse of Drugs (Industrial Hemp) Regulations 2006

INFORMATION FOR APPLICANTS

- This application form is used by a licensee to make an application to amend an existing industrial hemp licence in respect of the location, activities, cultivars and/or cultivation area
- For the application to be considered, all sections of the application form must be completed by the
 responsible person named on the current licence, and be received by Medsafe at least 30 days before the
 proposed change is to take effect.
- For each licence, only one application to amend the licence can be in progress at a time (a licensee cannot submit a further application to amend the licence whilst an application to amend the licence is already in progress).
- During assessment of the application further information may be requested from the applicant.
- Information provided in the application may be shared with other agencies including the New Zealand Police and the Ministry for Primary Industries.

APPLICATION FEE

There is no application fee payable when applying to amend an existing industrial hemp licence, unless a
new application would be required to enable the requested change. Where a new application is required
Medsafe will advise the applicant.

APPLICATION FORM SUBMISSION

- This application form can be completed electronically using a pdf reader. The current version of Adobe Reader, available free of charge from the Adobe website (https://get.adobe.com/reader) is recommended.
- The completed application form should be emailed to Medsafe (industrialhemp@health.govt.nz), with any additional supporting documents attached in the email. Applicants must ensure that the emailed form is complete. The original electronic form should be retained for the applicant's records.
- Whilst the submission of applications by email is encouraged, applications are also accepted by post. A
 copy of the form should be retained for the applicant's records.

Industrial Hemp Licensing Medsafe PO Box 5013 Wellington 6145

Section 1: Applicant

Note: the applicant is the indiv	vidual completing this form, who must be the Responsible Person on the current licence.				
1.1. Title:					
1.2. Given name(s):					
1.3. Surname:					
1.4. Email:					
1.5. Phone:					
Section 2: Curre	ent Licence				
2.1. Current licence number:					
2.2. Licensee name:					
Section 3: Change: 3.1. Categories for change:	Licensed Activities Industrial Hemp Cultivars Location/Cultivation Area (Note the location/cultivation area must be within the same property, pursuant to regulation 13(4) of the Regulations).				
	Other (please specify):				

Section 3 (Continued)

3.2. Description of requested changes:						
3.3. Are any documents attached with your application to support the requested change(s)?						
□ No						
Yes (please specify):						

Section 4: Declaration

I confirm that I am authorised to complete this application to amend the current industrial hemp licence on behalf of the licensee, and I:

- 1. Confirm that the licensee is complying with the requirements of the Misuse of Drugs Act 1975 and the Misuse of Drugs (Industrial Hemp) Regulations 2006, including all licence conditions;
- 2. Agree to provide any further information as required by the Director-General of Health; and
- 3. Declare that the information I have supplied in this application is, to the best of my knowledge and belief, true and correct in every particular, and I am aware of the provisions of section 15 of the Misuse of Drugs Act 1975 (False Statements).

Date application completed	:			
Applicant signature To sign this document electror signing function (for example '		•	a signature	image file, or use an on-screen
If completing the signature ele	ctronically is	s not possible, print the form a	ınd sign in p	pen.
Digital Signature Click below to apply		Signature Image File Click below to attach		Signature Sign below
	OR		OR	