

## INDUSTRIAL HEMP

### Application for Approval of a Cultivar of Industrial Hemp

# A3

Misuse of Drugs (Industrial Hemp) Regulations 2006

#### INFORMATION FOR APPLICANTS

- This application form is used to make an application for approval of a cultivar of industrial hemp, pursuant to regulation 6.
- For the application to be considered, all sections of the application form must be completed.
- 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.
- Please note that approval of an industrial hemp cultivar pursuant to regulation 6 does not grant plant variety rights under the Plant Variety Rights Act 1987. For more information on plant variety rights, please see <https://www.iponz.govt.nz/about-ip/pvr/>

#### APPLICATION FEE

- There is no application fee payable when applying for approval of a cultivar of industrial hemp.

#### 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 ([medicinescontrol@moh.govt.nz](mailto:medicinescontrol@moh.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

The applicant is the individual completing this form.

1.1. Title:

1.2. Given name(s):

1.3. Surname:

1.4. Is the Applicant a Responsible Person on a current Industrial Hemp licence?

Yes: Licence number:

No (continue completing Section 1)

1.5. Preferred name:

1.6. Date of birth:

1.7. Position title:

## Contact details

1.8. Email:

1.9. Phone:

1.10. Street address:

Level/Unit:

Street name & number:

Suburb:

Town/City:

Postcode:

1.11. Postal address:

Is the postal address the same as the street address?

Yes

No (please specify):

Level/Unit:

Street name & number:

Suburb:

Town/City:

Postcode:

## Section 2: Legal Entity

The legal entity describes the individual, partnership or body corporate (for example a company) the application is being made on behalf of.

2.1. Legal entity name:

2.2. Legal entity type:

- Individual  
 Partnership  
 Body corporate

## Section 3: Cultivar of Industrial Hemp

	Requirement	Response
3.1.	Name of the cultivar for which approval is sought.	
3.2.	The pedigree of the cultivar, including the source of parent cultivars, the THC content of those parent cultivars, and information about the history of their cultivation in New Zealand or overseas or both.	<input type="checkbox"/> Information attached
3.3.	The intended use of the cultivar.	<input type="checkbox"/> Oil <input type="checkbox"/> Seed <input type="checkbox"/> Fibre
3.4.	Details of the history of at least 2 years of cultivation of the cultivar in New Zealand.	<input type="checkbox"/> Information attached
3.5.	The crop characteristics of the cultivar.	<input type="checkbox"/> Information attached
3.6.	The test results of the THC content of the cultivar for each of the years of cultivation detailed in 3.4.	<input type="checkbox"/> Information attached

3.7. The information referred to in 3.2, 3.4, 3.5 and 3.6 is attached to this application.

Yes

## Section 4: Declaration

I:

1. Agree to provide any further information as required by the Director-General of Health;
2. Agree to the contents of this application being sent, if required, to the Ministry of Primary Industries and the New Zealand Police for assessment of the information supplied; 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 electronically apply a digital signature, or attach a signature image file, or use an on-screen signing function (for example 'Fill & Sign' in Adobe Reader).

If completing the signature electronically is not possible, print the form and sign in pen.

#### Digital Signature

*Click below to apply*

OR

#### Signature Image File

*Click below to attach*

OR

#### Signature

*Sign below*