

INDUSTRIAL HEMP

Application to Amend an Industrial Hemp Licence (Replacement of Responsible Person)

Misuse of Drugs (Industrial Hemp) Regulations 2006

B2

INFORMATION FOR APPLICANTS

- This application form is used by a licensee (body corporate or partnership) to make an application to amend an existing industrial hemp licence in respect of the responsible person specified.
- For the application to be considered, all sections of the application form must be completed by the new responsible person proposed to be specified on the licence, and countersigned by the responsible person named on the current licence. The application must 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 (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 (the proposed new responsible person).

1.1. Title:

1.2. Given name(s):

1.3. Preferred name:

1.4. Surname:

1.5. Date of birth:

1.6. Position title:

Contact details

1.7. Email:

1.8. Phone:

1.9. Street address:

Level/Unit:

Street name & number:

Suburb:

Town/City:

Postcode:

1.10. 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: Current Licence(s)

2.1. Licensee name:

2.2. Current licence number(s) that the proposed change in responsible person is applicable to:

Section 3A: Eligibility (Responsible Person)

This section assesses the eligibility of the Applicant to be a Responsible Person (refer to regulation 11).

	Requirement	Eligible (Yes/No)?
3A.1.	I am authorised by the body corporate or partnership concerned to control the activities for which the licence is sought, and to communicate, on behalf of the body corporate or partnership, with the Director-General or any authorised person.	
3A.2.	I am 18 years or older.	
3A.3.	I have not held a licence, under these regulations or under the Misuse of Drugs Regulations 1977, that has been revoked at any time in the 5 years immediately preceding the date of this application.	
3A.4.	<p>I have not been convicted of—</p> <ul style="list-style-type: none">(i) an offence against the Misuse of Drugs Act 1975 or of any other drug-related offence; or(ii) a crime involving dishonesty within the meaning of the Crimes Act 1961; or(iii) an offence outside New Zealand that, if committed in New Zealand, would fall within subparagraph (i) or subparagraph (ii). <p>The Clean Slate Scheme applies. This means that convictions covered under the Clean Slate Scheme are not required to be disclosed. Further information on the Scheme is available on the Ministry of Justice website www.justice.govt.nz/criminal-records/clean-slate.</p>	
3A.5.	I reside in New Zealand.	

If 'No' has been answered to any of the requirements above, provide an explanation:

3A.6. Explain how you are familiar with, and have the expertise to comply with, the obligations imposed, under the regulations, on a licence holder of an industrial hemp licence:

Section 3B: Eligibility (Police Vetting)

Police vetting is required of the Applicant.

Police vetting will be required of the applicant (proposed responsible person). Section 2 of the New Zealand Police Vetting Service Request and Consent Form must be completed and signed. This can be downloaded from the New Zealand Police website:

<http://www.police.govt.nz/sites/default/files/publications/pvs-vetting-request-and-consent-form.pdf>

Two forms of identification (one of which must be photographic) and verification must be provided. Guidance on the forms of identification to be provided is available on the New Zealand Police website:

<http://www.police.govt.nz/sites/default/files/publications/user-guide-to-pvs-vetting-request-consent-form.pdf>

3B.1. I confirm that completed Police Vetting forms and identification are enclosed for:

Myself (the Applicant and Responsible Person)

Section 4A: Declaration (Applicant)

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 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

Section 4B: Declaration (Current Responsible Person)

Contact Medsafe should it not be possible for the current Responsible Person to complete this declaration.

Current Responsible Person details:

1.1. Title:

1.2. Given name(s):

1.3. Surname:

I confirm that the licensee has authorised the requested change in Responsible Person.

Current Responsible Person 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