

**STATE OF VERMONT**  
**AGENCY OF AGRICULTURE, FOOD AND MARKETS**  
**AGRICULTURAL RESOURCE MANAGEMENT DIVISION, PLANT INDUSTRY SECTION**  
**HEMP REGISTRATION**

Please fill out, sign, and return this form with a check made out to Vermont Agency of Agriculture for \$25.00 to:

VERMONT AGENCY OF AGRICULTURE, FOOD & MARKETS  
BUSINESS OFFICE/ L&R  
100 STATE STREET RM 342  
MONTPELIER VT 05620-3206

FARM NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

FARM MANGER \_\_\_\_\_

Please provide the locations and acreages of all hemp fields you intend to plant in the upcoming season below, or on an attached sheet if necessary

Field Location(s)	(911 Address or GPS Location)	Acreage
_____	_____	_____
_____	_____	_____
_____	_____	_____

(please initial): \_\_\_\_\_ I certify that the hemp seeds obtained for planting are of a type and variety that do not exceed the maximum concentration of tetrahydrocannabinol set forth in subdivision 562(3) of Title 6 of the Vermont Statutes Annotated ("Hemp" means the plant *Cannabis sativa* (L.) and any part of the plant, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis.).

I acknowledge that until current federal law is amended to provide otherwise:

(please initial): \_\_\_\_\_ (A) Cultivation and possession of hemp in Vermont is a violation of the Federal Controlled Substances Act; and

(please initial): \_\_\_\_\_ B) Federal prosecution for growing hemp in violation of federal law may include criminal penalties, forfeiture of property, and loss of access to federal agricultural benefits, including agricultural loans, conservation programs, and insurance programs.

(please initial): \_\_\_\_\_ I further acknowledge that a person registered with the Secretary shall allow hemp crops, throughout sowing, growing season, harvest, storage, and processing, to be inspected and tested by and at the discretion of the Secretary or his or her designee.

**I have read this registration form and understand the requirements in it and I agree to hold harmless and release the state of Vermont, its officers, employees, contractors or agents from any and all claims, actions, suits, damages, judgments, attorney's fees, or prosecution of any kind, that may arise due to my cultivation of *Cannabis sativa* (L) conducted under authority of this state law-based registration requirement administered by the Agency of Agriculture, Food and Markets.**

\_\_\_\_\_  
SIGNATURE OF REGISTRANT

\_\_\_\_\_  
DATE

100 STATE STREET  
MONTPELIER, VT 05620  
(802) 828-1317/(802) 828-1960(FAX)  
agriculture.vermont.gov