



COMMISSIONER SID MILLER

TEXAS DEPARTMENT OF AGRICULTURE

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 www.TexasAgriculture.gov

RHP-812

APPLICATION FOR APPROVAL OF A
 HEMP VARIETY UNDER THE TEXAS HEMP PROGRAM

SECTION A	1 APPLICANT INFORMATION				
	Business Name <i>(if applicable)</i>				
	Contact Name				
	Address		City	State	Zip
	Phone Number ()		-	Ext.	
	Email Address:				
<p>***Important Note*** I understand that if I provide my email address the Texas Department of Agriculture may, from time to time, send electronic communications to me that will keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. If I fail to provide an email address I understand that I may not receive time-sensitive or important communications that could affect my license or compliance with state regulations, and risk the imposition of monetary or other penalties.</p>					

SECTION B	VARIETY INFORMATION	
	1 KIND AND VARIETY	
	Kind	
	Variety Name	
	2 ORIGIN AND BREEDING HISTORY	
1. Provide the origin of the variety.		
	Country	State/Province
2. Discuss breeding methods and selection criteria used to develop the variety. <i>(attach additional pages if needed)</i>		

3. Provide documentation for a minimum of three (3) production sites. State the locations and years from which data used in this application were collected. Attach ¹lab test or government issued Certificate of Analysis from each production site listed below that confirms the variety had no more than 0.3% Total THC concentration on a dry weight basis.

Country	State/Province	County	Year

Lab test attached

Government issued certificate attached

¹Must be from a lab with ISO 17025 accreditation

³ DESCRIPTION OF VARIETY

1. Flower Type: Male Female Male & Female

2. Time of Flowering: days after seeding

3. Plant Height (including inflorescence):

a. Short Medium Tall

b. Enter range of height to cm.

4. Plant Branching: Few Medium Numerous

5. Stem Internode Length: Short Medium Long

6. Stem Color: Yellow Green Grey Red

7. Leaf Color: Yellow Green Grey

8. Leaf Color Intensity: Weak Medium Strong

9. Leaf Size: Small Medium Large

10. Variants:

11. Off-Types:

SECTION B (Con'd)

⁴ ADDITIONAL INFORMATION	
	<p>1. Usage: <input type="checkbox"/> Oil <input type="checkbox"/> Fiber <input type="checkbox"/> Other (specify)</p> <p>2. Area of Adaptation</p> <p>3. States where the variety is already produce</p> <p>4. Attach evidence (data, graphs, charts, pictures, etc.) supporting any statements or claims made concerning the varieties performance characteristics (e.g. yield, insect or disease tolerance)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Documents attached</p> <p>5. Will application be made to Plant Variety Protection Office? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If yes, will the application specify that the variety is to be sold by variety name only as a class of certified seed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

¹ SIGNATURE AFFIRMATION STATEMENT					
SECTION C	The applicant, by signature below, certifies that the information provided in or in connection with this application is true and correct; and acknowledges that any misrepresentation or false statement made by the applicant, or authorized agent of the applicant, in or in connection with this application, whether intentional or not, may constitute grounds for denial of this application.				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Applicant Name (print)</td> <td>Title:</td> </tr> <tr> <td>Applicant Signature</td> <td>Date / / month day year</td> </tr> </table>	Applicant Name (print)	Title:	Applicant Signature	Date / / month day year
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Send original application to: Texas Department of Agriculture, P. O. Box 629, Giddings, Texas 78942 or email to HempVariety@TexasAgriculture.gov