



State of Connecticut
 Department of Agriculture
 Bureau of Regulatory Services
 450 Columbus Blvd, Suite 702 Hartford, CT 06103
 Phone: 860-713-2502 Email: AGR.Hemp@ct.gov



On-Site Manager/Signing Authority Modification Request

(rev. 6/3/19)

This form will only be accepted through the DOAG E-License portal. Paper applications will not be accepted.

The submission of this request form and a subsequent License Agreement Amendment must be executed prior to changing these individuals NOT already listed on your License Agreement.

License Holder:	Grower/Processor License#:
Name of Signing Authority of Record:	
Email:	Phone#:

Change Type:

On-Site Manager for Grower License	Yes	___	No	___
Signing Authority for Grower License	Yes	___	No	___
On-Site Manager for Processor License	Yes	___	No	___
Signing Authority for Processor License	Yes	___	No	___

"On-site manager" means the individual designated by the licensee responsible for on-site management and operations of a licensed grower or licensed processor.

"Signing authority" means an officer or agent of the applicant with written authorization of such applicant to commit the applicant to a binding agreement.

Note: Each new On-Site Manager and Signing Authority for a grower is required to submit to a federal and state criminal history records check applicant at the grower's expense. The new On-Site Manager and/or Signing Authority cannot have any state or federal felony conviction for a controlled substance during the previous 10 years.

Records check forms are obtained from Connecticut Dept. of Agriculture's website.

www.CTGrown.gov/Hemp

On-Site Manager Change

New On site manager

The person who manages and is responsible the hemp growing or processing operations:

SSN:

Name:

Title:

Street:

City:

State:

Zip:

Phone #:

Cell #:

Email:

Criminal history records check submitted, if required? Yes No

Signing Authority Change

New Signing Authority

Provide the name and title of a person (manager, corporate officer, general partner or other individual) with authority to exercise control over the business, enter into a contract or similar obligations on behalf of the licensee and sign on behalf of the licensee:

SSN:

Name:

Title:

Street:

City:

State:

Zip:

Phone #:

Cell #:

Email:

Criminal history records check submitted, if required? Yes No

By signing my name below, I attest that I am the signing authority for the license holder, and that this information is accurate and complete. I understand that giving a false statement is punishable by law under section 53a-157b of the Connecticut General Statutes.

_____ **Date:** _____

Signing Authority of Record Signature

Note: If the signing authority of record is not available, contact the department