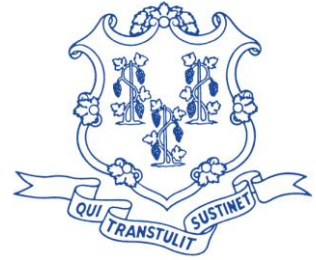




State of Connecticut  
Department of Agriculture  
Bureau of Regulatory Services  
450 Columbus Blvd, Suite 702 Hartford, CT 06103  
Phone: 860-713-2502      Email: AGR.Hemp@ct.gov



**Hemp Seed Modification Request**

(rev. 7/25/19)

**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 the growing, handling, processing, or storage of hemp materials at any location (GPS coordinates) NOT already listed on your License Agreement.

License Holder:	Grower License #:
Name of Signing Authority (if Business):	
Email:	Phone#:

**Seed/ Propagule Variety CHANGE \*\*\***

Enter the <b>NEW</b> Hemp seed/propagule information below			
Hemp Variety/ Strain exactly as listed on seed certification documents or seed label.	Planted Seeds or Transplants	Name and Address for source of seeds or transplants	Plot name or number where hemp will be grown

Enter the Hemp seed/propagule variety name below that you wish to <b>REMOVE</b>

**By signing my name below, I attest that I am the license holder or 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:** \_\_\_\_\_  
**Individual Licensee, On-Site Manager or Signing Authority Signature**