LOUISIANA DEPARTMENT of AGRICULTURE & FORESTRY
MIKE STRAIN, DVM *Commissioner*

SEED PROGRAMS DIVISION
5825 Florida Boulevard, Suite 3004
Baton Rouge, LA 70806
(225) 925-4733 / FAX (225) 925-4124

LDAF INDUSTRIAL HEMP PROGRAM
DESIGNATED RESPONSIBLE PARTY DECLARATION FORM

This form must be completed and submitted with each business entity industrial hemp application. In accordance with R.S. 3:1465 (D) and LAC 7:XIII.1325, the Designated Responsible Party (DRP) listed on this form must undergo a criminal background check. A criminal background check report issued within the last 60 days, along with a valid driver's license, must be provided to LDAF before approval.

Name of Business Entity:_____

Complete Physical Address:_____

Complete Physical Address Continued:_____

I hereby declare that:

Printed Name:_____ Title:_____

Phone:_____ Email:_____

Is the Designated Responsible Party for all daily business operations and is authorized to sign all required industrial hemp program documents on the entity's behalf. The entity acknowledges that a change of Designated Responsible Party requires written notice to LDAF.

I certify that this information is true and correct.

Signature of Applicant or Licensee:_____ Printed Name:_____

Date:_____

Signature of Designated Responsible Party:_____ Printed Name:_____

Date:_____