



VOLUNTARY INDUSTRIAL HEMP TRANSPORTATION POLICY FORM

COMMERCIAL CULTIVATION RESEARCH (CHECK ONLY ONE)

PARTICIPANT INFORMATION

Applicant Name:		Business Name:		Registration Number <u>OR</u> Established Agricultural Research Institution:	
Mailing Address:					
Address:		City:		State: Zip Code:	
Primary Contact:		Phone Number:		Alternate Phone Number:	
Email:					

HARVESTED CULTIVATION SITE

Site ID (Canal & Gate):		Planted Acres:	Harvest End Date:	Unit of Yield:	Yield per Acre:	Total Units:
Laboratory Name:		Seed Cultivar:		Total Acres Harvested:		Sample Date:
Sampling ID:						Total THC Content:
In-county Storage Location (if applicable):						
Address:		City:		State:		Zip Code:

A copy of the certificate of analysis indicating "Passed as California Industrial Hemp" must be provided.

DESTINATION

Business Name:		Primary Contact:		Phone Number:	
Physical Address:					
Address:		City:		State: Zip Code:	

Destination cannot be altered without Agricultural Commissioner's Office approval.

County Use Only - Agricultural Commissioner's Office		
_____	_____	_____
Print Name	Signature	Date

SHIPPING INFORMATION (EXPECTED/PROJECTED)

Shipping date:		CBP Check Point: HWY 2 <input type="checkbox"/> HWY 78 <input type="checkbox"/> HWY 86 <input type="checkbox"/> HWY 111 <input type="checkbox"/>		Estimated Time Range for Crossing:	
Driver Name:		Driver's License Number:		State of Issuance: DOB:	
Means of Conveyance (Vehicle Type):		License Plate Number of Vehicle:		License Plate Number of Trailer (if applicable):	

Nothing within the Voluntary Industrial Hemp Transportation Policy shall be construed as limiting or otherwise interfering with law enforcement authority to conduct searches and seizures. Participants in this voluntary program shall execute an indemnity agreement with the County of Imperial.

_____	_____
Registrant Signature	Date

County Use Only - Sheriff's Office		
Inspection Date:	Inspection Time:	Inspection Location:
_____	_____	_____
Print Name	Signature	Date
_____	_____	
ID#	CR#	