











# Annual Hemp Commercial Production Application, 2023

Agricultural and Environmental Services Division



## Acknowledgments continued:

11. Allow NMDA staff access to all hemp growing areas and relevant documents as determined by the department.
12. Understand licensee or representative is required to be present for all inspections, and licensee is responsible for the delivery of samples to NMDA approved laboratory for the purpose of determining THC levels (post-decarboxylation) prior to harvest.
13. Understand licensee shall be responsible for additional charges associated with addressing non-compliant issues incurred by NMDA.
14. Understand specific data contained within this application may be subject to release under the Inspection of Public Records Act and may be shared with other state or federal agencies, including law enforcement. Applicants will be screened for compliance to New Mexico's Child Support Enforcement requirements and federal background check requirements.
15. Understand copies of any information related to the production of hemp at this location may be provided to the landowner upon request.
16. Licensee has reviewed and understands regulations contained within the Hemp Cultivation Rule and violations of regulations or policies may result in crop destruction, license suspension, or license revocation.
17. Understand reporting responsibilities of hemp production acreage with respect to USDA Farm Service Agency as required by the USDA Hemp Production Program final rule.

Signature below acknowledges the following: applicant has provided accurate and complete information; has reviewed and agrees to statements contained under the Acknowledgments section; provides New Mexico Department of Agriculture authorization to conduct or obtain information related to background checks regarding possible criminal convictions that may preclude the issuance of an Annual Hemp Commercial Production License.

### • APPLICATION CHECK LIST

- GPS Coordinates are in decimal degree format. Make sure coordinates line up with exact growing area location.
- Growing area sketch/map completed on provided page or attached to a pplication.
- Completed landowner affidavit form attached (if needed).
- Completed New Mexico Department of Public Safety background check attached.  
\*NMDA does NOT process background check forms. They must be sent to NM DPS separately prior to submission of your application.\*
- Check or money order for correct fee total attached. Double check your fee calculations, payment for too little OR too much will not be processed.
- Note: If also applying for nursery license, please submit a separate check or money order with nursery application with appropriate fees.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Do not utilize electronic signature; print, sign, date, and mail
- Incomplete applications, including incorrect fee, will be returned
- Ensure appropriate fee is enclosed with your application

# Background Check

Applicant is responsible for completing this form and for obtaining a New Mexico Background report in person or through a designated agent. This official New Mexico background report must be included with your Annual Hemp Commercial Production license application. If you have questions regarding this form or process, please contact New Mexico Department of Public Safety at (505) 827-9297.

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628 ATTN: RECORDS \$15.00 PER RECORD CHECK

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_  
NAME (MUST BE PRINTED-LEGIBLY) (SSN#) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

\_\_\_\_\_  
NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")

ADDRESS: \_\_\_\_\_

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANTSIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(\*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFOREME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL) \_\_\_\_\_  
(SIGNATURE OF NOTARYPUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_.

For Department of Public Safety Use Only