



**TEXAS DEPARTMENT OF AGRICULTURE**

P.O. Box 629, Giddings, Texas 78942 ♦ (979) 542-3691  
Hearing impaired: (800) 735-2988 voice, (800) 735-2989 (TTY)  
www.TexasAgriculture.gov

**RHP-812**

COMMISSIONER SID MILLER

**APPLICATION FOR APPROVAL OF A  
HEMP VARIETY UNDER THE TEXAS HEMP PROGRAM**

<b>SECTION A</b>	<b>1 APPLICANT INFORMATION</b>				
	Business Name <i>(if applicable)</i>				
	Contact Name				
	Address		City	State	Zip
	Phone Number (     )		-	Ext.	
	Email Address:  <p>***Important Note*** I understand that if I provide my email address the Texas Department of Agriculture may, from time to time, send electronic communications to me that will keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. If I fail to provide an email address I understand that I may not receive time-sensitive or important communications that could affect my license or compliance with state regulations, and risk the imposition of monetary or other penalties.</p>				

<b>SECTION B</b>	<b>VARIETY INFORMATION</b>	
	<b>1 KIND AND VARIETY</b>	
	Kind	
	Variety Name	
	<b>2 ORIGIN AND BREEDING HISTORY</b>	
1. Provide the origin of the variety.		
	Country	State/Province
2. Discuss breeding methods and selection criteria used to develop the variety. <i>(attach additional pages if needed)</i>		

3. Provide documentation for a minimum of three (3) production sites. State the locations and years from which data used in this application were collected. Attach <sup>1</sup>lab test or government issued certificate from each production site that confirms the variety had no more than 0.3% delta-9 tetrahydrocannabinol concentration on a dry weight basis.

Country	State/Province	County	Year

Lab test attached

Government issued certificate attached

<sup>1</sup>Must be from a lab with ISO 17025 accreditation

**<sup>3</sup> DESCRIPTION OF VARIETY**

1. Flower Type:    Male    Female    Male & Female

2. Time of Flowering:                    days after seeding

3. Plant Height (including inflorescence):

a.    Short    Medium    Tall

b. Enter range of height                to                cm.

4. Plant Branching:            Few    Medium    Numerous

5. Stem Internode Length:    Short    Medium    Long

6. Stem Color:    Yellow    Green    Grey    Red

7. Leaf Color:    Yellow    Green    Grey

8. Leaf Color Intensity:    Weak    Medium    Strong

9. Leaf Size:    Small    Medium    Large

10. Variants:

11. Off-Types:

SECTION B (Con'd)

<b><sup>4</sup> ADDITIONAL INFORMATION</b>	
<p>1. Usage:    <input type="checkbox"/> Oil    <input type="checkbox"/> Fiber    <input type="checkbox"/> Other (specify)</p> <p>2. Area of Adaptation</p> <p>3. States where the variety is already produce</p> <p>4. Attach evidence (data, graphs, charts, pictures, etc.) supporting any statements or claims made concerning the varieties performance characteristics (e.g. yield, insect or disease tolerance)</p> <p><input type="checkbox"/> Documents attached</p> <p>5. Will application be made to Plant Variety Protection Office?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>    If yes, will the application specify that the variety is to be sold by variety name only as a class of certified seed?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	

<b><sup>1</sup> SIGNATURE AFFIRMATION STATEMENT</b>					
<b>SECTION C</b>	The applicant, by signature below, certifies that the information provided in or in connection with this application is true and correct; and acknowledges that any misrepresentation or false statement made by the applicant, or authorized agent of the applicant, in or in connection with this application, whether intentional or not, may constitute grounds for denial of this application.				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Applicant Name (print)</td> <td>Title:</td> </tr> <tr> <td>Applicant Signature</td> <td>Date        /        /                  month   day   year</td> </tr> </table>	Applicant Name (print)	Title:	Applicant Signature	Date        /        / month   day   year
	Applicant Name (print)	Title:			
Applicant Signature	Date        /        / month   day   year				

Send original application to: Texas Department of Agriculture, P. O. Box 629, Giddings, Texas 78942 or email to [HempVariety@TexasAgriculture.gov](mailto:HempVariety@TexasAgriculture.gov)