**Texas Department of Agriculture

RHP-825

Hemp Change Form

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| section A | 1 VERIFICATION INFORMATION | |
| Business Name | |
| TDA Client No. | TDA License No. |

Please provide **only** the information below that has changed.

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| section B | 1 VARIETY BEING PLANTED | | | |
| Lot Crop Permit No. | Variety Name | Lot Crop Permit No. | Variety Name |
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| SECTION C | 1 Business INFORMATION | | |
| If there is a change in ownership you must apply for a new license. | | |
| 2 Business name | | |
| Business Name | | |
| 3 BUSINESS PHYSICAL ADDRESS | | |
| Address | | |
| City | State | Zip |

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| **SECTION D** | 2 RESPONSIBLE party | | | | | | | | | |
| Responsible Party subject to background check | | | | | | | | | |
| Driver License No. | | | State of Issuance | | | | Date of Birth    /    / | | |
| Social Security No.     -    -      (SSN required) | | | | | | | | | |
| *Enter name as it appears on current Driver License or Official State ID.* | | | | | | | | | |
| First Name (Legal Name) | M. I. | Last Name | | | | Suffix | | Title | |
| Physical Address (No P.O. Boxes) | | | | City | State | | | | Zip |
| Phone No.  (     )     -      Ext. | | | | E-mail | | | | | |
| Has this responsible person been convicted of a felony relating to a controlled substance under federal law or the law of any state within the last 10 years?  Yes  No | | | | | | | | | |
| Has this responsible person had a hemp license revoked by the Department, USDA, another state, Indian nation, or U.S. territory within the last 5 years?  Yes  No | | | | | | | | | |
| Does this responsible person authorize the Texas Department of Agriculture (TDA) to conduct a criminal background check and investigation based on their relation to this business?  Yes  No | | | | | | | | | |

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| SECTION E | 1 PERSON TO CONTACT FOR LICENSE-RELATED MATTERS | | | | | |
| First Name | | M. I. | | Last Name | |
| Title | | Primary Phone (     )     -      Ext. | | | |
| Secondary Phone (optional)  (     )     -      Ext. | | Fax (optional)  (     )     -      Ext. | | | |
| E-mail Address | | | | | |
| **\*\*\*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 penalties. | | | | | |
| 2 CONTACT MAILING ADDRESS | | | | | |
| Address | | | | | |
| City | State | | Zip | | County |

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| SECTION f | 1KEY PARTICIPANT/Governing person of the entity | | | | | | | | | | |
| **REMOVE THE FOLLOWING KEY PARTICIPANT/GOVERNING PERSON** | | | | | | | | | | |
| Driver License No. | | | | State of Issuance | | | | Date of Birth    /    / | | |
| *Enter name as it appears on Driver License or Official State ID.* | | | | | | | | | | |
| First Name (Legal Name) | Middle Initial | | Last Name | | | Suffix | | | Title | |
| Home Mailing Address (No P.O. Boxes) | | | | | City | | State | | | Zip |
| Phone Number (     )     - | | Email Address | | | | | | | | |
| REMOVE THE FOLLOWING KEY PARTICIPANT/GOVERNING PERSON | | | | | | | | | | |
| Driver License No. | | | | State of Issuance | | | | Date of Birth    /    / | | |
| *Enter name as it appears on Driver License or Official State ID.* | | | | | | | | | | |
| First Name (Legal Name) | Middle Initial | | Last Name | | | Suffix | | | Title | |
| Home Mailing Address (No P.O. Boxes) | | | | | City | | State | | | Zip |
| Phone Number (     )     - | | Email Address | | | | | | | | |

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| SECTION G | 1 SIGNATURE | | |
| By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties. | | |
| Applicant Name (print) | Title | |
| Applicant Signature | | Date (mm/dd/yyyy)     /    / |
| Applicant relation to business account:  Responsible Party *(Changes to Section D and Section F can only be made by Responsible Party)*  Contact Person | | |

You may email this form to [Hemp@TexasAgriculture.gov](mailto:Hemp@TexasAgriculture.gov)