



Industrial Hemp Regulations - Notification of Cultivation Form

Licence holders who are authorized to cultivate industrial hemp, other than for the purpose of developing a new variety, are required under subsection 27(1) of the [Industrial Hemp Regulations](#) to provide Health Canada with a Notification of Cultivation **within 30 days** after seeding. If this requirement applies to you, please e-mail your completed form to hc.hemp-chanvre.sc@canada.ca. Please submit additional pages of the Notification of Cultivation form for additional sites.

Notification of Cultivation		
Name of licence holder:	Licence number:	
Legal land location or Physical address:	GPS coordinates for <u>cultivation site</u> and <u>part used for seed</u> (if applicable):	
City/Town: Province: Postal Code: <input type="checkbox"/> Owned by licence holder¹ <input type="checkbox"/> Owned by another² <small>(see footnotes for more information)</small>		
Seeding date	Name of variety	Purpose & Acreage
YYYY-MM-DD	Variety #1:	<input type="checkbox"/> Pedigreed seed Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
		<input type="checkbox"/> Viable grain Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
		<input type="checkbox"/> Fibre Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
		<input type="checkbox"/> Flowering heads, leaves and branches Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
YYYY-MM-DD	Variety #2:	<input type="checkbox"/> Pedigreed seed Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
		<input type="checkbox"/> Viable grain Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
		<input type="checkbox"/> Fibre Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
		<input type="checkbox"/> Flowering heads, leaves and branches Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
YYYY-MM-DD	Variety #3:	<input type="checkbox"/> Pedigreed seed Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
		<input type="checkbox"/> Viable grain Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
		<input type="checkbox"/> Fibre Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
		<input type="checkbox"/> Flowering heads, leaves and branches Acreage: <input type="checkbox"/> ac <input type="checkbox"/> ha
I hereby attest that: 1. All of the information in this notification and any attached documents are correct and complete to the best of my knowledge. 2. If this notification is submitted on behalf of a corporation, cooperative, or partnership, I, being one of its officers, directors, or partners, have the authority to bind the corporation, cooperative, or partnership.		
Licence holder signature:	Printed name:	Date:

¹ Requires the "[Declaration of Land Ownership by Applicant](#)" form if not already submitted.

² Requires the "[Declaration of Landowner's Consent](#)" form if not already submitted.