



INDUSTRIAL HEMP PROGRAM APPLICATION TRANSPORTER FORM

Transporter Business Locations

¹Total # of Transporter Business Locations: _____

²The applicant must provide legible and properly labeled maps or aerial photos of all locations. Be sure to refer to the **Instructions for Creating Maps for Submission with the Application** on page 10 of the **Industrial Hemp Program Application Instructions** to ensure accuracy and completeness.

³Location #T1:

³Physical Address/Major Cross Roads: _____

⁴Township: _____ Range: _____ Section: _____

⁵GPS Coordinates of Center of Transporter Business Location (Expressed in decimal degrees (DD) to five decimal places (DDD.DDDDD)):

Latitude: _____ Longitude: _____

⁶City: _____ County: _____

Location #T2:

Physical Address/Major Cross Roads: _____

Township: _____ Range: _____ Section: _____

GPS Coordinates of Center of Transporter Business Location (Expressed in decimal degrees (DD) to five decimal places (DDD.DDDDD)):

Latitude: _____ Longitude: _____

City: _____ County: _____

If registering more than 2 transporter business locations, complete an additional "Transporter Form" (T) and submit with the application.

For questions or assistance, please call 602-542-0955 or email: azhemp@azda.gov.

Dept. Use Only

Date Rec'd _____ Rec'd by: _____ Accepted Returned Date: _____

Correct Maps Included Application Tracking#: _____