



**INDUSTRIAL HEMP PROGRAM PRE-APPLICATION
 PROCESSOR SUPPLEMENT**

Processing Facilities

¹Total # of Locations: _____

²The applicant must provide legible and properly labeled maps or aerial photos of all processing facilities, mobile processing base of operations, and storage 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.

Location #P1:

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: _____

⁷Is this a mobile processing unit's base of operation? YES NO ⁸If yes, how many units? _____

Location #P2:

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: _____

Is this a mobile processing unit's base of operation? YES NO If yes, how many units? _____

⁹Hemp parts to be processed (Check All That Apply)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Stalk/Fiber | <input type="checkbox"/> Sterile Seed | <input type="checkbox"/> Flower/Leaves |
| <input type="checkbox"/> Seed for Planting | <input type="checkbox"/> Hurds | <input type="checkbox"/> Roots |
| <input type="checkbox"/> Other: _____ | | |

If registering more than 2 processing facilities or mobile unit's base of operations, complete an additional "Processing Form" (P) and submit with this application.

Dept. Use Only		
Date Rec'd _____	Rec'd by: _____	Accepted <input type="checkbox"/> Returned <input type="checkbox"/> Date: _____
Correct Maps Included <input type="checkbox"/>	Application Tracking#: _____	



**INDUSTRIAL HEMP PROGRAM APPLICATION
 PROCESSOR FORM**

Storage Locations

¹⁰Storage Location #S1:

¹¹GPS Coordinates of Center of storage facility (Expressed in decimal degrees (DD) to five decimal places (DD.DDDDD)):

Latitude: _____ Longitude: _____

¹²City: _____ County: _____

Storage Location #S2:

GPS Coordinates of Center of storage facility (Expressed in decimal degrees (DD) to five decimal places (DD.DDDDD)):

Latitude: _____ Longitude: _____

City: _____ County: _____

Storage Location #S3:

GPS Coordinates of Center of storage facility (Expressed in decimal degrees (DD) to five decimal places (DD.DDDDD)):

Latitude: _____ Longitude: _____

City: _____ County: _____

If registering more than 3 locations for the storage of hemp material complete an "Additional Storage Locations" form ([SL](#)) and submit with this application.

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