COLORADO **Department of Agriculture** on of Plant Industry

Keep a copy of your form for your records as you may be required to produce it during an inspection.

Email: industrialhemp@state.co.us OR Colorado Department of Agriculture Attn: Industrial Hemp Program 305 Interlocken Parkway Broomfield, CO 80021

Change in Authorized Person(s)

Registered Name ____

_____ Registration Number(s)_

Enter name (business or sole proprietor) as it appears on your Registration

(Enter all that apply)

Title

ADD Additional Authorized Person(s)

Does this person have managing and/or controling authority, and/or at least 10% ownership

No_Yes_ If yes, further documentation may be required.

Full Name

Address, City, State, Zip Code

Phone

Email

REMOVE Authorized Person(s)

Does this person have managing and/or controlling Authority, and/or at least 10% ownership? No_Yes_ If yes, further documentation may be required.

Full Name

Address, City, State, Zip Code

Phone

Cell Phone

Cell Phone

Email

By signing this request, I certify that I am the person with legal authority, to submit this change.

Name(Please Print):

Title

Date

Notes

If any person(s) listed on this form is identified as having Managing and/or Controlling Authority for this registration then additional documentation will be required.

Title

Signature