



OREGON DEPARTMENT OF TRANSPORTATION
 COMMERCE AND COMPLIANCE DIVISION
 455 AIRPORT ROAD SE BUILDING A
 SALEM OR 97301
 PH (503) 378-5203
 FAX (503) 378-5765
 Email farm@odot.oregon.gov

FARM NUMBER

REGULATED COMMODITIES VERIFICATION

Information must match the Farm Certification Application.
 If an existing Certified Farming Operation, include the Farm Identification Number.

AGENCY USE ONLY
DATE RECEIVED

APPLICANT INFORMATION			
FARM IDENTIFICATION NUMBER	NAME OF FARM (IF APPLICABLE)	PRINTED NAME OF FARMER(S)	
MAILING ADDRESS	TELEPHONE NUMBER	CELL NUMBER	

SELECT ALL THAT APPLY

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> CHRISTMAS TREE PRODUCER | <input type="checkbox"/> NURSERY STOCK PRODUCER | <input type="checkbox"/> APIARY |
| <input type="checkbox"/> INDUSTRIAL HEMP PRODUCER | <input type="checkbox"/> AGRICULTURAL HEMP SEED PRODUCER | |
| <input type="checkbox"/> MEDICAL MARIJUANA PRODUCER | <input type="checkbox"/> RECREATIONAL MARIJUANA PRODUCER | |

ODA (OR DEPT. OF AGRICULTURE) LICENSE/REGISTRATION NUMBER..... _____
 (Christmas Trees, Nursery Stock, Apiary, Industrial Hemp, Hemp Seed)

OHA (OR HEALTH AUTHORITY) LICENSE/REGISTRATION NUMBER..... _____
 (Medical Marijuana)

OLCC (OR LIQUOR CONTROL COMMISSION) LICENSE/REGISTRATION NUMBER... _____
 (Recreational Marijuana)

NOTE: If you are an industrial hemp, hemp seed, medical or recreational marijuana producer you must provide the GPS information listed below. Failure to do so may result in your application being returned.

List Global positioning (GPS) coordinates (In Decimal: eg. 44.123456, -123.123456), coordinates should be from the approximate center of the growing area.

LONGITUDE _____ LATITUDE _____

CERTIFICATION

I certify the information above is true and correct and all information given is made under the penalty for false certification (ORS 805.370). False certification is a Class A Misdemeanor. Violation may result in a fine of up to \$6,250, a maximum jail sentence of one year or both.

Faxes and electronic signatures are acceptable.

SIGNATURE	NAME (PLEASE PRINT OR TYPE)	DATE
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AGENCY USE ONLY

ODA/OHA/OLCC License/Registration Verified _____

I certify that I have validated the information contained on this application.

SIGNATURE	NAME (PLEASE PRINT OR TYPE)	DATE
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