



**OREGON  
DEPARTMENT OF  
AGRICULTURE**

**HEMP GROWER OR HANDLER  
UPDATED CONTACT INFORMATION – NO FEE**

**Current Contact Information**

Hemp Registration No. AG-\_\_\_\_\_ (If applicable)  
Contact Name \_\_\_\_\_  
Business Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Updated Information**

Contact Name \_\_\_\_\_  
Business Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Submit this form as soon as possible following any changes to:**

Oregon Department of Agriculture  
Hemp Program  
635 Capitol ST NE  
Salem, OR 97301-2532

Email: [hemp@oda.state.or.us](mailto:hemp@oda.state.or.us)

Fax: 503-986-4786