



WI Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 Bureau of Plant Industry
 P.O. Box 8911, Madison WI 53708-8911
 Phone: (844) 449-4367 Fax: (608) 224-5775

FOR OFFICE USE ONLY

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Wisconsin Hemp Program Background Check Consent Form

For initial license application period ending September 30, 2021.

Wis. Stat. § 94.55, Wis. Admin. Code ch. ATCP 22

SECTION 1 – NOTIFICATION ABOUT THE BACKGROUND CHECK REQUIREMENT

Applicants are hereby notified that a federal and state criminal background check is required for acceptance into the hemp program. Any information obtained as a result of a federal and state criminal background check will be retained in your application file which is **confidential**. Applicants may, if necessary, seek correction of their criminal history information via the procedure set forth by the Wisconsin Department of Justice Criminal Information Bureau at <https://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information#challenge>.

No license or annual registration will be issued to an applicant (operations manager) who has been convicted of a felony criminal violation of the Federal Controlled Substances Act under 21 USC 801 to 971, Wis. Stat. ch. 961, or any controlled substances law of another state, within the last ten years from the date of this background check unless the person held a valid license, registration, or other authorization to produce hemp under a pilot program of any state authorized by the 2014 Farm Bill on December 20, 2018, and the felony conviction occurred prior to that date.

If at any time after the issuance of a license, the applicant (operations manager) is convicted of any felony criminal violation of the aforementioned laws, the Licensee must report the conviction to the Department within 10 days of the conviction.

SECTION 2 – APPLICANT OR OPERATIONS (OPS) MANAGER INFORMATION AND CONSENT (please print)

NAME (Last, First, MI)	DATE OF BIRTH (MM/DD/YYYY) / /	SOCIAL SECURITY NUMBER - -
STREET ADDRESS	CITY	STATE
		ZIP CODE
FORMER NAME(S) (If applicable)	DAY PHONE: () -	EVENING PHONE: () -

If you have lived outside of Wisconsin in the past 10 years, list all US states or COUNTRIES in which you have resided:

I have read the consent form and:

- I authorize the Department of Agriculture, Trade and Consumer Protection to conduct a federal and state background check.
- I do not authorize the Department of Agriculture, Trade & Consumer Protection to conduct a federal and state background check. I understand that without providing consent, I will no longer be considered as an applicant for the hemp program.

APPLICANT OR OPS MANAGER NAME:	APPLICANT OR OPS MANAGER SIGNATURE:	DATE SIGNED:
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SECTION 3 – FOR OFFICE USE ONLY

DATE FORM RECEIVED IN PIB:	DATE CRIMINAL BACKGROUND CHECK REVIEWED IN PIB:	PIB REVIEWER'S INITIALS:
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HEMP PROGRAM ELIGIBILITY:

- Yes** – eligible for hemp program. The record is clear or there is no nexus between the record and a felony conviction for a criminal violation of the Federal Controlled Substances Act under 21 USC 801 to 971, Wis. Stat. ch. 961, or any controlled substances law of another state, within the last ten years from the date of this background check unless the person held a valid license, registration, or other authorization to produce hemp under a pilot program of any state authorized by the 2014 Farm Bill on December 20, 2018, and the felony conviction occurred prior to that date.
- No** – no hemp license can be issued.
- Additional Review Needed** – Notes:

Information obtained about an individual as a result of any criminal history search performed by the department is confidential under Wis. Stat. § 94.55(2)(b)5.c. and may only be disclosed to law enforcement.