



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 PO Box 8911, Madison, WI 53708-8911
 Phone: (844) 449-4367 Fax (608) 224-5775

Hemp Research Program: Variety Approval

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

Personal information that you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m)

At least 30 days prior to planting, a licensee is required to submit a variety approval form for each variety of hemp the licensee intends to grow at each lot. Licensees may not plant before obtaining written approval. The Department of Agriculture, Trade and Consumer Protection (Department) requires documentation that the variety has been produced from lawfully grown hemp, including a fit for commerce certificate or its equivalent from a hemp regulatory program, or seed certification documentation. The Department also approves varieties certified by the Wisconsin Crop Improvement Association (WCIA); and varieties found on the current Health Canada List of Approved Varieties, the current Organization for Economic Cooperation and Development (OECD) List of Varieties Eligible for Seed Certification: Crucifers and Other Oil or Fibre Species, and the DATCP Approved Varieties List (DATCP LIST).

NOTE: Copies of the lists may be obtained by writing DATCP-ARM-Hemp, PO Box 8911, Madison, WI 53708-8911; by calling 1 (844) 449-4367; by emailing DATCPIndustrialHemp@wisconsin.gov; or online at https://datcp.wi.gov/Pages/Programs_Services/IHSeed.aspx.

Complete and submit this form for each variety. This form must be completed and submitted even if a variety has previously been approved for planting in Wisconsin.

Regardless of approval from the Department to plant a variety, each hemp lot must be sampled by the Department and test at or below 0.3 percent total delta-9 THC to be harvested and sold in Wisconsin. Any lot that fails the Department's required pre-harvest regulatory test will be ordered to be destroyed if a pre-harvest re-sample and testing is not available or not conducted.

LICENSE HOLDER INFORMATION		
LICENSE HOLDER NAME		LICENSE NUMBER AND TYPE
LICENSE HOLDER PHONE # () -		LICENSE HOLDER EMAIL
OPERATIONS MANAGER (OPS MANAGER) NAME (If applicable)	OPS MANAGER PHONE # () -	OPS MANGER EMAIL

1. REQUEST FOR VARIETY APPROVAL – VARIETY INFORMATION – DETERMINE IF EACH VARIETY ALSO NEEDS ADDITIONAL DOCUMENTATION *(for all varieties you intend to plant)*

Name of Variety (that you intend to plant)	Name of Source (for seeds or planting material you intend to plant)	Address of Source (for seeds or planting material you intend to plant)	License Number of Source (can be licensed to grow hemp or sell hemp seed in another state)	Type of Hemp Planting Material (Seeds, Clones, Seedlings)	If you answer No to all of these questions for one variety, you need to complete section 3 of this form and provide the required document(s) including the appropriate fit for commerce certificate, its equivalent, or seed certification			
					Is this Variety WCIA Certified? (Check one)	Is this Variety on the Current Health Canada List? (Check one)	Is this Variety on the Current OECD list? (Check one)	Is this Variety on the Current DATCP list? (Check one)
<i>Ex: CBD24</i>	<i>EX: 123 Hemp</i>	<i>Ex: 123 Main St, Townville, WI 53708</i>	<i>Ex: 466666 Ex: 102-00004-090</i>	<i>Ex: Seeds</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Variety (that you intend to plant)	Name of Source (for seeds or planting material you intend to plant)	Address of Source (for seeds or planting material you intend to plant)	License Number of Source (can be licensed to grow hemp or sell hemp seed in another state)	Type of Hemp Planting Material (Seeds, Clones, Seedlings)	Is this Variety WCIA Certified? (Check one)	Is this Variety on the Current Health Canada List? (Check one)	Is this Variety on the Current OECD list? (Check one)	Is this Variety on the Current DATCP list? (Check one)
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. REQUEST FOR VARIETY APPROVAL – GROWING LOCATION AND CERTIFICATION INFORMATION (for all varieties you intend to plant)

Name of Variety (that you intend to plant, duplicate the varieties you listed in section 1, above)	Name of Your Registered Growing Location (where you intend to grow this variety, it may change before you submit a planting report)	DATCP Location Number of Your Registered Growing Location (If available, where you intend to grow this variety)	Name of Regulator, State, or Organization that Issued Documentation (If your variety is not already certified by WCIA or approved by DATCP, attach Fit for Commerce Certificate or Seed Certification to this form and complete section 3, below.)	Total Delta-9 THC (stated on documentation)
<i>Ex: CBD24</i>	<i>Ex: Field – Main Street Ex: Greenhouse – Co. Rd. A</i>	<i>Ex: 456789001</i>	<i>Ex: Acme Laboratories Ex: State of Wisconsin DATCP</i>	<i>Ex: 0.3% total delta-9 THC</i>

3. Attach all fit for commerce certificates or seed certification documents for each variety that has not already been certified by WCIA or not already approved by the Department.

Have you included one fit for commerce certificate or its equivalent or seed certification for each variety listed above that is not already certified by WCIA? YES NO (failure to supply the required information may result in a denial)

I CERTIFY ALL THE INFORMATION THAT I PROVIDE ON THIS FORM TO BE TRUE AND ACCURATE.

NAME OF LICENSE HOLDER OR OPS MANAGER SIGNATURE OF LICENSE HOLDER OR OPS MANAGER DATE

This form and documentation (Fit for Commerce Certificates or Seed Certification) can be mailed, emailed or faxed to:

Email: DATCPHempVarietyApproval@wisconsin.gov Mail: DATCP-ARM-Hemp, Attn: Variety Approval, P.O. Box 8911, Madison WI 53708-8911 Fax: (608) 224-5775