|  |
| --- |
| Hemp Industry Act section 9 |
| **Application information:*** A class ‘A’ research licence authorises the licensee to possess, cultivate, process or supply low-THC hemp for scientific research, instruction, analysis or study purposes.
* Applicants must demonstrate they have the qualifications, experience and resources to undertake the activity of research.
* No minimum land area conditions apply.
* Application fees of $2,038 apply as of July 1 2024 with all fees and charges reviewed annually.
* Legislated due diligence provisions around the applicant apply.

**Privacy statement:**The Northern Territory Government will only use the information collected for the purpose for which it was supplied and such information will not be disclosed to any third party unless required by law. |
| **Type of application** |
| **New licence:**Complete part A, B, C of form | Y/N |
| **Renewal licence:**Provide Licence number, expiry date and complete part C of form | **Licence number:** |  | **Expiry date:** |  |
| Part A: Applicant details |
| Title: | Mr | Mrs | Ms | Miss | Dr | Other |
| Full name: |  |
| Position: |  |
| Identification:**[[1]](#footnote-1)** | Drivers licence | Passport | Other (Specify) |  |
| State/Territory of issue: |  | **Copy attached?** | Y/N |
| Address (residential): |  | **Address (postal):** |  |
| Phone – Business and mobile |  | **Email:** |  |
| **Is the applicant the owner of the property where the hemp is to be cultivated?**If no please complete and attach the **property owner consent form** with this application. | Y/N |
| Is the applicant or any associates affected by bankruptcy action? | Y / N |
| Business details |
| Name of business entity: |  |
| Postal Address:If not the same as that of the applicant |  |
| ABN: |  | **ACN:** |  |
| **Associate details** |
| Role in business **e.g. Manager** | **Full name** | **Identification type[[2]](#footnote-2)**  | **Copy attached?** Y/N |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Researcher details:** (attach research proposal) |
| **Full name** | **Qualifications** | **Experience** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Part B: Cultivation details |
| **Physical address:**Address of where hemp is to be grown/processed. (Please list all cultivation address) |  |
| **Source of hemp germplasm/seed** |
| **Name of supplier** | **Address of supplier** | **Supplier licence number** | **Quantity kg** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| You must attach evidence of THC levels of parent crops of cultivars to be used (note: parent seed crops must test not more than 0.5% THC |
| **Consignment notice number from vendor supplying germplasm/seed:** |  |
| Part C: Applicant declaration |
| I declare that to the best of my knowledge and belief, all information given in this application is true and correct in every particular. Under section 33 of the Hemp Industry Act 2019, the penalty for making a statement that is misleading in any particular is a fine not exceeding 100 penalty units or imprisonment for up to 12 months. |
| **Applicant full name:** |  |
| **Applicant signature:** |  | **Date:** |  |
| How to pay options |
| Choose your payment option below. Follow the payment instructions. Email this Part C: payment slip to the RTM in your area. Email your receipt of payment to hempcompliance@nt.gov.au. |
| **Cheques** Must be made out to RTM (Receiver of Territory Monies) and can be posted to: Hemp Compliance Unit, DITT, GPO Box 3000, Darwin NT 0801 | **Cash/Debit Card** Payments may only be made in person at the RTM locations below. Please present **part C** of this form. | **Credit Card** payments may be made during business hours (8:30am – 4:00pm, Mon-Fri) **In person** – Present **part C** of this form at one of the RTM locations listed below.**By Phone** – 1. Complete the payment slip;2. Email the form to one of the RTMs listed below;3. Phone that RTM to quote Credit Card details for payment. |
| **RTM Alice Springs** | **RTM Darwin** | **RTM Katherine** |
| 1st Floor, Alice Springs PlazaTodd Street MallAlice Springs NT 0870RTM GPO Box 4037Alice Springs NT 0871RTMAlice@nt.gov.au 08 8951 6491 | Ground floor,Manunda Place 38 Cavenagh Street Darwin NT 0800RTM GPO Box 199 Darwin NT 0801 RTMDarwin@nt.gov.au 08 8999 1628 | 08 8999 1606 | First Floor, Government Centre First Street, Katherine NT 0850 RTM PO Box 1171Katherine NT 0851 RTMKatherine@nt.gov.au 08 8951 6481 |
| **Payment slip**  |
| **(**Office use only **-** ABN: 84 085 734 992 - 92HE1N09D 134535) |
| **Name in full:** |  |
| **Postal address:** |  |
| **Item** | **GST code** | **Amount ($)** |
| Class A research licence fee $2,038 for 5 years | (N00) |  |
| No Trespassing signs $40 (pack of 5)  | (S10) |  |
| Extra signs $8 each  | Qty required |  | (S10) |  |
| **Total Amount ($):** |  |
|

|  |
| --- |
| Application submission:Ensure all necessary fields and supporting documents are provided Phone**:** Plant Biosecurity Branch - Hemp Compliance Unit**:** 08 8999 2118.Submit application and all required attachments by:Email: hempcompliance@nt.gov.auOr post to: **Hemp Compliance Unit**  Department of Agriculture and Fisheries GPO Box 3000  Darwin 0801 Northern TerritoryFor more information go to [nt.gov.au/hemp-licences](https://nt.gov.au/industry/agriculture/food-crops-plants-and-quarantine/hemp-licences) |
| End of form |

 |
| End of form |

1. A minimum of 100 points of identification has to be provided with an application [↑](#footnote-ref-1)
2. A minimum of 100 points of identification has to be provided with an application [↑](#footnote-ref-2)