



RICHARD A. BALL
Commissioner

FOR OFFICE USE ONLY

Date Received: _____ Fee: _____
 Credit Card Check M.O. Receipt
Reference #: _____
Reviewed by: _____ Approved: _____

Amendment Fee: \$0

**NYS Hemp Licensing Program
Sampling Agent Amendment Application**

Incomplete applications will be denied.

1. Applicant. No Change Replacement Certification ID: _____

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Email: _____

No Change Addition Replacement Removal

What contact information would you like to be public on the program's website? Phone Email

Mailing address (if different from above): No Change Addition Replacement Removal

Address: _____
City: _____ State: _____ Zip: _____ County: _____

2. Optional Secondary Contact Information. No Change Addition Replacement Removal

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Email: _____

3. Coverage Area. No Change Addition Replacement Removal

Please list the NYS counties you would like to cover as a private hemp sampler.

By signing below, I attest that the information provided on this form is truthful. I understand that the statements made in this application will be accepted for all purposes as the equivalent of an affidavit and that any false statements made herein, in addition to being the possible basis for a revocation of any license issued as a result of this application, may be punishable as a misdemeanor under the provisions of Section 210.45 of the Penal Law of the State of New York.

Name (Print): _____ Date: _____
Signature: _____