

Kentucky Department of Agriculture Hemp Licensing Program

Hemp Concentrate Transport Notification Form

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| OFFICIAL | USE | UNL | 4 I |

In February 2020, the Kentucky General Assembly enacted HB 236, which amended Kentucky's laws governing hemp production in the Commonwealth. Section 2 of the bill created a legal "safe harbor" in state law for licensed processors needing to move or transport hemp extract material having a THC concentration in excess of 0.3% from one licensed processing location in Kentucky to another licensed processing location in Kentucky.

Under the new law, KRS 260.8635, you must provide written notice to the Kentucky Department of Agriculture (KDA) at least twenty-four hours in advance of the planned movement. In addition, the licensed processor is responsible for ensuring full compliance with the law's requirement that the "hemp extract material shall move directly from one (1) licensed processing location to another," without any detours or stops. The purpose of this *Notification Form* is to assist licensed processors in providing the advance written notice to KDA as required by law. **Note:** It remains unlawful to transport any hemp material, including extracts, across state lines with a total THC concentration above 0.3%.

| Li | Licensed Processor of Origin: | | | | | Processor License#: | | | |
|---|--|---------------------------------|--------|--|--------|------------------------|--|--|--|
| Name of Signing Authority (if business): | | | | | | License#: | | | |
| Name of Person Accompanying Shipment: | | | Cell I | Cell Phone: | | | | | |
| Da | Date of Planned Transport: | | | Departure Time: | | | | | |
| 1) | Provide the full legal address of the or | igin of this shipment: | | | | | | | |
| -, | Licensed address of origin | | City | | County | | | | |
| | 5 | | | | | | | | |
| 2) | Provide the full details for the destina | tion of this shipment: | | | | | | | |
| | Licensed Processor Receiving Shipmer | ed Processor Receiving Shipment | | Name of Signing Authority (if business) | | License # | | | |
| | | | | | | | | | |
| | Licensed Destination Address | tion Address | | | County | | | | |
| | | | | | | | | | |
| 3) Provide a description of the hemp extract material being transported: | | | | | | | | | |
| | Description of hemp extract | % THC | | | | or Batch Number | | | |
| | | | | | | | | | |
| By entering my name below, I attest that I am the license holder, that this information is accurate and complete, and that this transport will be conducted in accordance with state law. | | | | | | | | | |
| Na | me: | | Date | : | | | | | |
| Revi | Revised 11/2020 Email to: Hemp@ky.gov | | | Mail to: KDA Hemp Program 111 Corporate Drive Frankfort, KY 40601 | | | | | |