



**OREGON
DEPARTMENT OF
AGRICULTURE**

**Hemp Program
REQUEST TO CANCEL HEMP REGISTRATION**

Submit request to: hemp@oda.state.or.us

Name:	Business Name (if applicable):	ODA Hemp Registration # (if applicable):	
Mailing Address:	City:	State:	Zip:
Phone:	Email:		
Legal Status of Registrant: Individual LLC Other _____			
Grower/ Handler Site Location Address: _____			
Oregon Secretary of State Registration Number: Business registration number can be found at: http://eqov.sos.state.or.us/br/pkg_web_name_srch_inq.login			
Members/Officers of Business (if applicable) :			
Name: _____	Title: _____		
Name: _____	Title: _____		
Name: _____	Title: _____		
Reason for cancellation: _____			
<p>If requesting to cancel registration on behalf of a business, I have the authority to submit this request.</p> <p>I hereby acknowledge I have not used the registration and therefore qualify for a cancellation. There will be no hemp registration issued to the entity or individual listed above and any registration issued is hereby void. This site may be subject to inspection.</p>			
Print Name: _____	Signature: _____	Date: _____	