



ADMINISTRACIÓN PARA
EL DESARROLLO DE
EMPRESAS AGROPECUARIAS

ADEA

GOBIERNO DE PUERTO RICO

Oficina de Licenciamiento e Inspección del Cáñamo

RESEARCH LICENSE APPLICATION

- Person or Legal Entity applicant name: _____
- University Institution name: _____
- Legal Entity name (if applicable): _____

I. Governmental Documents:

A. Photo Identification

- a) Person ☐
- b) Principal researcher
- c) Legal entity representative

B. Government documents of Individuals or Legal Entities other than universities:

- a) Copy of the Merchant's Registry, **Registro de Comerciante**, issued by the Department of the Treasury of Puerto Rico (if applicable) ☐
- b) Debt certificate, **Certificado de Deuda**, issued by the Department of the Treasury of Puerto Rico ☐
- c) Key Participant's must provide a fingerprint-based Criminal Background Check, issued by the Federal Bureau of Investigation (FBI) ☐
- d) Negative Criminal Record, **Negativa de Antecedentes Penales**, issued by the state or territory in which the Key Participant lives or in the case of a Legal Entity, their authorized representative ☐

C. If the applicant is a Legal Entity, the following documents must also be provided:

- a) Certificate of “**Good Standing**” issued by the Department of State
- b) Corporate Resolution, **Resolución Corporativa**, or applicable equivalent authorizing a representative to act on behalf of the Legal Entity

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D. If the applicant is a researcher who will carry out the research as a member of a university, they must check based on fingerprints, issued by the Federal Agency for Investigation and Intelligence (FBI) and a letter of support from the Dean or Department in which the principal investigator works.

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II. Other documents:

A. Research proposal

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Note: It must include the purpose, design and methods of the investigation, calendar of research and implications and contributions to science.

B. Diagram of the land or structure where the hemp and/or its derived products will be produced and/or processed.

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Note: The diagram must be in a digital format and electronically present the coordinates or GPS location of the land or structures.

III.	Key Participants names	Phone Number	Email	Employer ID Number (EIN)
1.	<hr/>	<hr/>	<hr/>	<hr/>
2.	<hr/>	<hr/>	<hr/>	<hr/>
3.	<hr/>	<hr/>	<hr/>	<hr/>
4.	<hr/>	<hr/>	<hr/>	<hr/>
5.	<hr/>	<hr/>	<hr/>	<hr/>

IV.	Authorized Representatives Names	Phone Number	Email	Employer ID Number (EIN)
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1.	_____	_____	_____	_____
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2.	_____	_____	_____	_____
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V. Physical Address: (structure where hemp and hemp products will be stored)

VI. Postal Address:

VII. Global Positioning System location (**GPS**), of each structure where hemp or its derived products are processed

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

- **Certification:**

It is certified that the key participant and its authorized representatives named herein have full knowledge of their duties and responsibilities with respect to the license they wish to hold. They have read and are familiar with the document "Puerto Rico Department of Agriculture's Hemp Program" which details all the information necessary to operate within the regulatory framework permitted by this license.

- **Key Participants Name and Signature:**

_____	_____
_____	_____
_____	_____

- **Names and Signature from the Authorized Representatives by corporate resolution:**

_____	_____
_____	_____
_____	_____

Date: _____