

**INDUSTRIAL HEMP ENROLLMENT AND OVERSIGHT (IHEO) AUTHORIZATION
FOR INHALABLE PRODUCTS MANUFACTURERS**

Incomplete applications will be returned. See Page 3 for Instructions.

NEW APPLICANT RENEWAL APPLICANT IHEO Authorization Number (if not new):
OWNERSHIP CHANGE RELOCATION—Previous Address:

Do you manufacture your own extract? Yes No

1. Name of Firm			6. Mailing Address (if different or P.O. Box number)		
2. DBA (Use other sheets as needed)			7. Mailing Address (continued)		
3. Facility Address (number, street)			8. City	State	ZIP Code
4. Facility Address (continued)			9. Country (if other than United States)		
5. City	State	ZIP Code	10. Website (URL)		

11. Type of Ownership Individual/Sole Proprietorship Partnership Corporation Limited Liability Company
 Nonprofit Other:

12. Owner's Name / Corporate Name (if applicable)	State of Incorporation or State of Tax Filing
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13. Owners', Officers' and Board Members' Names and Titles	Owners', Officers' and Board Members' Names and Titles
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14. List all current and proposed industrial hemp sources. Attach documents showing hemp source is an approved source.

Business Name of Industrial Hemp Source (Must be Approved Source)	Business Address of Industrial Hemp Source	Registration/License Number of Industrial Hemp Source	Name of Entity that Issued the Registration/License

15. Commodities/Products: Check all inhalable products containing industrial hemp that are manufactured, packed or held at your facility. (Check all that apply.) Attach up to three product labels.

Vape Cartridges E-Liquid Vials Pod/Capsule Other:

Continue to Next Page

16. Industrial Hemp Enrollment and Oversight (IHEO) Authorization Fee:

Tier	Check Which Applies	Gross Annual Revenue	Inhalable Product IHEO Authorization Fee	Tier	Check Which Applies	Gross Annual Revenue	Inhalable Product IHEO Authorization Fee
1	<input type="checkbox"/>	Less than or equal to \$100,000	\$1,700	6	<input type="checkbox"/>	\$5,000,001 to \$7,500,000	\$5,700
2	<input type="checkbox"/>	\$100,001 to \$500,000	\$2,600	7	<input type="checkbox"/>	\$7,500,001 to \$12,500,000	\$6,800
3	<input type="checkbox"/>	\$500,001 to \$1,500,000	\$3,300	8	<input type="checkbox"/>	\$12,500,001 to \$17,500,000	\$8,100
4	<input type="checkbox"/>	\$1,500,001 to \$3,000,000	\$4,000	9	<input type="checkbox"/>	\$17,500,001 to \$25,000,000	\$9,700
5	<input type="checkbox"/>	\$3,000,001 to \$5,000,000	\$4,800	10	<input type="checkbox"/>	More than \$25,000,000	\$12,000

17. IHEO Authorization Fee: \$

MAKE CHECKS PAYABLE TO: CA DEPARTMENT OF PUBLIC HEALTH (See Page 4 for Mailing Address)

The Food and Drug Branch (FDB) **MUST BE NOTIFIED IMMEDIATELY** of any changes in the above information as provided by applicable laws under CA Health and Safety Code Division 104, Parts 5 and 6 (Sherman Law). Under penalty of perjury, I declare that the information included with this application and all attachments are true, correct, and complete. Misrepresentations or omissions may be grounds for denial, revocation or suspension. I give permission for the below authorized representatives and/or signatories to speak about the application with CDPH.

18. Owner's Signature	Owner's Printed Name	Title OWNER/	Date
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Authorized representatives and/or signatories:

19. Business Operator Name	20. Telephone Number	21. Emergency Number	22. E-Mail Address
23. Correspondent Name	24. Telephone Number	25. Alternate Phone #	26. E-mail Address

-End of Application-

Please note: All boxes must be completed. Incomplete applications will be returned.

Do Not Write Below This Line

IHEO Authorization #	Expiration Date	Date Received	Payment Type	Amount \$
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Instructions for Completing the Industrial Hemp Enrollment and Oversight (IHEO) Authorization for Inhalable Products Manufacturers

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for an IHEO authorization for inhalable products at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained an IHEO authorization for inhalable products for this location and you are renewing that authorization. If this firm has changed location or ownership, please submit a new application for IHEO authorization for the facility.

Do you manufacture your own extract: Place an (X) in the box next to Yes if your firm manufactures its own extract. If yes, you also must register as an extract manufacturer. Place an (X) in the box next to No if your firm does not manufacture its own extract.

1. **Name of Firm:** Enter full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.–5. **Facility Address:** Enter the number, street, city, state, and ZIP code for this facility location.
- 6.–8. **Mailing Address:** Enter the full mailing address if different from the facility address or P.O. Box.
9. **Country:** Enter the country where your facility is located if outside of the United States.
10. **Website:** Enter the website address for your business if applicable.
11. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
12. **Owner's Name/Corporate Name:** Enter the owner's name here or (if applicable) the name of the corporation. **State of Incorporation or State of Tax Filing:** Enter the state where the firm is incorporated. If not incorporated, enter the state where the firm files taxes.
13. **Owners' and Officers' and Board Members' Names and Titles:** List the business owners' and officers' and board members' names and titles.
14. **List Industrial Hemp Sources:** List all current and proposed industrial hemp sources used for manufacturing. Attach additional pages if you have more than three sources. Attach documents showing industrial hemp is an approved source.
15. **Commodities/Products:** Check all inhalable products containing industrial hemp that are manufactured, packed or held at your facility. Attach three product labels. If there are fewer than three products, attach all product labels. You may attach a copy or the actual label. If you are only holding the product as a warehouse, you do not need to attach labels.
16. **Industrial Hemp Enrollment and Oversight (IHEO) Authorization Fee:** First, determine your current or estimated gross annual revenue of industrial hemp inhalable products. Next, check the corresponding tier that applies and enter the total into Question 17.
17. **IHEO Authorization Fee:** Enter the amount due. Send this amount with your completed application to the address listed.
18. **Owner's Signature, Printed Name, Title, Date:** This section **must** be signed by the majority owner of the business to authorize not only the application, but the representatives and/or signatories whom they authorize to speak on behalf of the firm.
19. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
20. **Business Telephone Number:** Enter the daytime business telephone number for your business.
21. **24-Hour Emergency Contact Number:** Enter the phone number where the firm may be reached in the event of an emergency.

22. **Business Operator E-mail Address:** Enter the e-mail address of the business operator, or the main company e-mail box.
23. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
24. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
25. **Correspondent Alternate Phone #:** Enter the correspondent's alternate number or another number that can be called for information.
26. **Correspondent E-mail Address:** Enter the facility e-mail address.

Please make all checks payable to: CA Department of Public Health Mail Application and checks to:			
Regular Mail:	California Department of Public Health Food and Drug Branch – Cashier MS 7602 P.O. Box 997435 Sacramento, CA 95899-7435	Overnight Mail:	California Department of Public Health Food and Drug Branch – Cashier 1500 Capitol Avenue, MS-7602 Sacramento, CA 95814

Call the Food and Drug Branch at (800) 495-3232 if you have additional questions about this application.