

Certification Application

U.S. Hemp Authority Certification Program



Form#: 004f
Revised: ByKN
Revision Date: 10/21/2024
Revision#: 000
Supersedes: NEW

Date of Application

Certification Program

	<input type="checkbox"/> Classic Non-Intoxicating	<input type="checkbox"/> Adult 21+
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Applicant/Company Information

Company Name:		
Address:		
Phone:	Email:	Fax:
DBA if applicable:		Year company began operation:
DBA Address:		Number of employees:

Billing Contact Information

Name:		Title:
Address:		
Phone:	Email:	Fax:

Primary Contact Information

Name	Position/Title	Phone	Email

Consultant Contact Information

Name	Company	Phone	Email

Please briefly describe your operation. Include specific features of significance

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Indicate the products you want certified

Kind of Product	Number of Distinct Formulas*	Number of Distinct Labels*	Mg THC/Serving

* A distinct formula means any difference in any kind of ingredient, quantity, of that ingredient, or its potency.
*A distinct label means any difference in the design or formulation of the product in question, but not the size.

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List all manufacturing facilities involved with your hemp or hemp-based ingredients or products. Repeat this table for each such entity, using the additional tables provided below. If you have more than 2 facilities, attach additional page(s) listing the required information.

Additional page(s) attached.

Site 1

Name of Site					
Address:					
Phone:		Email:		Fax:	
Primary Contact:				Title:	
Check which applies: <input type="checkbox"/> Own Facility <input type="checkbox"/> Contract Manufacturer					
Activities (check all that apply)			Existing Certifications (check all that apply)		
Primary Processing	Product Formulation/ manufacturing/ packaging	Storage/ Handling/ Distribution	USHA	Adult 21+	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site 2

Name of Site					
Address:					
Phone:		Email:		Fax:	
Primary Contact:				Title:	
Check which applies: <input type="checkbox"/> Own Facility <input type="checkbox"/> Contract Manufacturer					
Activities (check all that apply)			Existing Certifications (check all that apply)		
Primary Processing	Product Formulation/ manufacturing/ packaging	Storage/ Handling/ Distribution	USHA	Adult 21+	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Legal License to Produce Hemp and Hemp Products

By USDA law (7 CFR 990), all operations growing hemp products must possess a license from either an approved State or Tribal Hemp Production Plan for those jurisdictions that have such Plans, or directly from USDA for operations that are located in jurisdictions that do not have such Plans. Note that some State or Tribal plans require processors/manufacturers to also obtain licenses; check with your applicable authority.

Legal License to Produce (Indicate license number and issuer ex. USDA, State or Tribal Plan):	<input type="checkbox"/> N/A
FDA Processor/ Manufacturer Registration number:	

Agreement

This application must be signed by an authorized representative for the location seeking certification. By signing the application, the authorized representative confirms that that this document and all other documents submitted to Ceres Certifications International pursuant to certification fully and accurately describe the business entity, procedures and products being produced or handled at the location seeking certification.

Applicant

Print Name:	Title:
Signature:	Date:

Certification Body

Print Name:	Title:
Signature:	Date:

CCI prohibits discrimination in employment & services provided on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, or sexual orientation.

By signing above, you certify the above information is complete and correct to the best of your knowledge and that you agree to comply with the requirements for certification as well as supply any information required during the certification process.

Please email, fax, mail your completed form to CCI.

Email: kari@ceresci.com

Fax: 715-861-6460

Address: PO Box 031, Chippewa Falls, WI 54729

Office phone number 715.723.5143