

## Kansas Industrial Hemp Research Program

### Request for Modification of License

Please review: K.A.R. 4-34-13 (Modification of License) before completing the **Request for Modification of License** form.

#### **K.A.R. 4-34-13. Modification of License.**

Each primary licensee who wants to modify that individual's license or the license of any individual listed on the research license application shall submit a modification request form and the required fee, except as specified in paragraph (d)(2), to the department.

(b) Each licensee shall comply with the requirements of the original license, unless the department modifies the license in writing.

(c) Any primary licensee may request multiple license modifications by submitting one modification request form, but separate fees shall be required for each requested change.

(d)(1) If a primary licensee dies, any licensee who was listed on the research license application and was issued a license may request that the department modify the license to name the requesting individual as the primary licensee. This request may be granted by the department if the requesting individual performs the following:

- (A) Notifies the department of the primary licensee's death within 15 business days;
- (B) submits a license modification request form to the department within 45 days of the primary licensee's death;
- (C) submits a copy of the primary licensee's death certificate to the department within 45 days of that individual's death; and
- (D) meets the requirements in K.A.R. 4-34-5 and, if applicable, the requirements of K.A.R. 4-34-6, K.A.R. 4-34-7, K.A.R. 4-34-8, and K.A.R. 4-34-9.

(d)(2) A modification fee to name the requesting individual as the new primary licensee shall not be charged by the department, except for modification requests received more than 45 days after the death of the primary licensee, which shall require a modification request form and modification fee unless the department extends the 45-day time period in writing. If any other modification request is included, that modification request shall be subject to the modification fee specified in K.A.R. 4-34-12.

(e) A license modification shall be approved by the secretary if the request is appropriate and consistent with the licensee's approved research proposal and meets the requirements of this regulation. If the secretary denies the requested modification, no refund of the modification fee shall be provided, and the licensee shall comply with the terms and conditions of the existing license. (Authorized by K.S.A. 2018 Supp. 2-3902; implementing K.S.A. 2018 Supp. 2-3902 and 2-3903; effective Feb. 8, 2019.)

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After completion of all fields on page 2 of the **Request for Modification of License** form, please attach all relevant documentation to support the request.

Examples of supporting documentation may include but are not limited to: modified pages of the application document, fingerprint cards, background check waivers, acknowledgments, maps, driver's licenses, and Request for Permission forms (each containing their required documents).



Department of Agriculture  
1320 Research Park Drive  
Manhattan, KS 66502  
kda.industrialhemp@ks.gov

**Industrial Hemp Research Program**  
**Request for Modification of License (Addition or Removal of an Individual)**

Each license modification requires a \$50 modification fee.  
Please include all required documentation and fees with the request

Primary Licensee's Name: \_\_\_\_\_ Date \_\_\_\_\_  
License Type: \_\_\_\_\_  
License Number: \_\_\_\_\_

First Name	Last Name	City	State	Phone Number	Specific responsibilities anticipated in your research proposal

**Request Type (Please Check)**

Addition of individual as indicated above       Removal of individual as indicated above

**If addition of individual was checked above, include the following documentation and fees**

Fingerprint Card       Waiver Agreement       BGC Fee (\$47.00)       Acknowledgments (pp. 3-6)  
 Modification Fee (\$50.00)

\_\_\_\_\_  
Primary Licensee's Signature      Date

**Official Use Only**

Method of Payment:       Credit Card       Check       Money Order

The modification requested above is APPROVED      Check/Money Order: \_\_\_\_\_  
 The modification requested above is DENIED

\_\_\_\_\_  
Secretary of Agriculture      Date

### III. Acknowledgments

These acknowledgments **must be completed by ALL INDIVIDUALS** listed on this research license application, including the Primary Applicant. Each individual's completed Acknowledgments pages must be submitted when you submit the research license application to KDA. **Read each of the acknowledgment statements below and check "Yes" or "No" to indicate your understanding and affirmation of each statement.**

- 1) I affirm that I have submitted my fingerprint card and waiver form to KDA and been subject to a state and national criminal history record check no more than 30 days prior to the submission of my license application to KDA. I consent to KDA submitting my fingerprint card to the Kansas Bureau of Investigation (KBI) for completion of the required state and national criminal history record check.

Yes                      No

- 2) I acknowledge that this is a selective process and not every research license application will be approved and not every individual applying to participate in the Industrial Hemp Research Program will receive a research license.

Yes                      No

- 3) I acknowledge that before cultivating, planting, growing, handling, harvesting, conditioning, storing, transporting, distributing, researching, overseeing, studying or analyzing industrial hemp plants, plant parts, grain or seeds for research purposes at any location in Kansas, I must obtain a license issued by KDA. I acknowledge that industrial hemp plants, plant parts, grain or seed can only be cultivated, planted, grown, handled, harvested, conditioned, stored or distributed at locations included on my license issued by KDA. I acknowledge that I cannot allow an individual to participate in my research proposal or have access to research area(s) listed in my license if that individual's license was revoked or if that individual was denied admission to participate in the Industrial Hemp Research Program.

Yes                      No

- 4) I acknowledge that industrial hemp is defined in K.S.A. 2-3901 and if I am issued a license by KDA, I affirm that I will not cultivate, plant, grow, handle, harvest, condition, store, transport or distribute any plants, plant parts, grain or seeds of the genus cannabis that are not industrial hemp. I acknowledge that if I have plants, plant parts, grain or seeds of the genus cannabis that are not considered industrial hemp, I will be required to destroy them at my expense; may be subject to investigation by the Kansas Bureau of Investigation and other law enforcement agencies; and may face disciplinary sanctions, including revocation of any industrial hemp research license I hold and denial of future research license applications.

Yes                      No

- 5) I acknowledge that if I am issued a license by KDA, I am accepting all of the inherent risk associated with participation in a research-based program focusing on industrial hemp. I acknowledge that both personal and financial loss may be possible and understand and affirm that KDA is not responsible for reimbursing or compensating me for any loss resulting from my participation in the Industrial Hemp Research Program.

Yes                      No

- 6) I acknowledge that if I am issued an industrial hemp research license by KDA, any violation of the terms and conditions specified in my license may result in the revocation of any industrial hemp research license that I hold and may also result in denial of any future industrial hemp research license applications.  
Yes                      No
- 7) I acknowledge that an industrial hemp research license issued by KDA cannot be sold or transferred except in the case of the death of the Primary Licensee.  
Yes                      No
- 8) I acknowledge that if I am issued an industrial hemp research license by KDA, I must have my license in my possession at all times when I am conducting any activity authorized by my license.  
Yes                      No
- 9) I acknowledge that if I am issued an industrial hemp research license by KDA, my license will expire on an annual basis. I understand that if I wish to participate in the Industrial Hemp Research Program in subsequent years, I must reapply on an annual basis. I understand that issuance of an industrial hemp research license in one year does not guarantee issuance of a license in subsequent years. I acknowledge that completion of a research license application, including a research proposal, fingerprint-based state and national criminal history record check and payment of applicable fees will be required on an annual basis.  
Yes                      No
- 10) I acknowledge that information created or submitted pursuant to the Industrial Hemp Research Program is subject to the Kansas Open Records Act and that information contained in this research license application, including the research proposal and any attachments, records or reports submitted to KDA, may be subject to public disclosure. I understand that KDA will provide information to law enforcement, fire and rescue agencies and the public and I hereby consent to the same. Additionally, I understand that KDA will provide specific information relating to my participation in the Industrial Hemp Research Program to appropriate law enforcement agencies upon request and I hereby consent to the same.  
Yes                      No
- 11) I acknowledge that, if issued an industrial hemp research license, I am consenting to representatives of KDA performing any number of inspections and collecting samples of any industrial hemp plants, plant parts, grain or seeds at any time. I affirm that I am authorizing KDA to have access to all land, buildings, facilities, motor vehicles and other structures identified in my industrial hemp research license. I consent to such access being granted without interference or obstruction, whether I am present or not, with or without cause and with or without advance notice.  
Yes                      No

**12)** I acknowledge that I have read, understand and will abide by all of the requirements established in K.A.R. 4-34-5 relating to industrial hemp research licenses issued by KDA. I understand that said requirements include but are not limited to: complying with all instructions from representatives of KDA and law enforcement agencies; retaining records and providing them as requested; approved usage of varieties of industrial hemp; notifying KDA of interactions with law enforcement; notifying KDA and law enforcement regarding theft of any industrial hemp plants, plant parts, grain or seeds; application of pesticides to industrial hemp; obligations relating to educational activities; land-use restrictions including the requirement that all locations must be licensed; and prohibitions relating to activities involving industrial hemp that are unrelated to the approved research proposal, license or educational activities.

Yes                      No

**13)** I acknowledge that I have read, understand and will abide by the requirements for holders of a research grower license as set forth in K.A.R. 4-34-6.

Yes                      No

**14)** I acknowledge that I have read and understand the schedule of fees contained in K.A.R. 4-34-12, and I understand that all fees set out therein will be due in full at the times established in the regulations.

Yes                      No

**15)** I acknowledge that I have read, understand and will abide by the requirements for modification of an industrial hemp research license as set forth in K.A.R. 4-34-13, including the applicable requirements in the case of the death of a Primary Licensee.

Yes                      No

**16)** I acknowledge that I have read, understand and will abide by the land-use restrictions as set forth in K.A.R. 4-34-14, including the prohibitions relating to plants, plant parts, grain or seeds of the genus cannabis that are not industrial hemp; prohibitions relating to locations not included in a license; prohibition against interplanting industrial hemp; requirements relating to varieties of industrial hemp; and required signage.

Yes                      No

**17)** I acknowledge that I have read, understand and will abide by the requirements regarding the movement, sale or transfer of industrial hemp, both within Kansas and across state lines, as set forth in K.A.R. 4-34-15. I acknowledge that it is my responsibility to know, understand and abide by any and all federal, state or local laws or regulations that may affect my activities related to industrial hemp.

Yes                      No

**18)** I acknowledge that I have read, understand and will abide by the requirements relating to pre-harvest inspection, sample collection, testing and post-testing actions by KDA as set forth in K.A.R. 4-34-18.

Yes                      No

**19)** I acknowledge that I have read, understand and will abide by the requirements relating to post-harvest inspection, sample collection, testing and post-testing actions by KDA as set forth in K.A.R. 4-34-19.

Yes                      No

20) I acknowledge that I have read, understand and will abide by the requirements relating to reporting as set forth in K.A.R. 4-34-20.

Yes                      No

21) I acknowledge that I have read and understand the list of prohibited actions and the disciplinary sanctions that may result from violations of the Alternative Crop Research Act and the regulations governing the Industrial Hemp Research Program as set forth in K.A.R. 4-34-21, and I affirm I will abide by all requirements of the Alternative Crop Research Act and regulations governing the Industrial Hemp Research Program.

Yes                      No

22) I acknowledge that the above is not an exhaustive list containing all the requirements and responsibilities that I am subject to if I am selected for participation in the Industrial Hemp Research Program and issued an industrial hemp research license by KDA. I certify that I have read and understand the regulations implementing the Industrial Hemp Research Program, K.A.R. 4-34-1 through K.A.R. 4-34-21, and that it is my responsibility to be aware of the regulations and to abide by them as promulgated. I understand that my acceptance into and continuing involvement in the Industrial Hemp Research Program will be contingent upon abiding, at all times, by all requirements set forth in such regulations.

Yes                      No

**I hereby verify and affirm that my answers contained above are true and accurate. I understand that if KDA later determines any of this information to be false, misleading or incorrect, KDA may deny my application, or if I am issued a license, KDA may revoke any license and any future research license applications that I submit may be denied.**

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**Signature of Applicant**

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**Date**

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**Printed name**

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**Title, if applicable**

# Industrial Hemp Fingerprint Instructions

**DO NOT SIGN BEFORE BEING FINGERPRINTED.**

Signature must be completed in the presence of the person taking the fingerprints.

**In filling out the fingerprint card, use the following information**

## Residence of person fingerprinted

- Home address – where you can be reached by mail

## Last name, First name, Full middle name

## Aliases AKA

- Former or other names used, including maiden names
- If, for example, your name is Robert, Bob would be an alias

## Date of Birth – mm/dd/yyyy

## Citizenship - US or other country

## Sex - F or M

## Race

- A = Asian
- B = Black
- I = American Indian
- U = Unknown
- W = White
  - Hispanic is entered as White per FBI guidelines

## Height - Feet and Inches

## Weight – Pounds

## Eye Color

- Blk = Black
- Blu = Blue
- Bro = Brown
- Gry = Gray
- Grn = Green
- Haz = Hazel
- Mar = Maroon
- Mul = Multicolored
- Pnk = Pink

## Hair Color

- Bal = Bald
- Blk = Black
- Bln = Blonde or Strawberry
- Blu = Blue
- Brn = Brown
- Gry = Gray
- Grn = Green
- Ong = Orange
- Ple = Purple
- Pnk = Pink
- Red = Red
- Sdy = Sandy
- Whi = White
- XXX = Unknown

## Place of birth

- City and state

## Social Security number

- This is not required, but preferred

## Your Agency Account Number (ORI)

- Print “KS920162Z”, if it is not already printed on the card

## Reason Fingerprinted

- Print “Industrial Use of Hemp – KSA 02-3902”, if it is not already printed on the card

## Employer

- This is not required, but preferred

<b>APPLICANT</b> FD-259 (Rev. 5-15-17) 1110-0046		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		OR I KS92016ZZ KS DEPT AGRICULTURE MANHATTAN, KS		DATE OF BIRTH DOB		Month Day Year	
DATE		CITIZENSHIP CTZ		SEX		RACE		HGT.	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA		WGT.		EYES		HAIR	
EMPLOYER AND ADDRESS		UNIVERSAL CONTROL NO. UCN		CLASS		PLACE OF BIRTH POB		Month Day Year	
REASON FINGERPRINTED		ARMED FORCES NO. MNU		REF		LEAVE BLANK			
Industrial Use of Hemp KSA 02-3902		SOCIAL SECURITY NO. SOC							
		MISCELLANEOUS NO. MNU							
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

**WAIVER**

**DO NOT SIGN BEFORE BEING FINGERPRINTED.**

Signature must be completed in the presence of the person taking the fingerprints.

A waiver must be filled out for each person being fingerprinted.

Top of First Page

**(Name of Authorized Recipient)**

- Print "KS Dept. of AG", if it is not already printed on the waiver

Last Page

**Answer the question "I have OR have not been convicted of a crime."**

- Check the appropriate line

**Signature of applicant and date**

- A parent or guardian must sign for a minor

**Printed name and date of birth**

**Residential Address**

**The very last section is completed by the person taking the fingerprints.**

- The applicant will need to provide a photo ID.
  - Examples: Driver's License (preferred), passport, immigration card or state issued ID

Take the completed, unsigned, fingerprint card and signed waiver to your local law enforcement office and request that they collect your fingerprints.

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) KS Dept. of AG to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

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**FBI PRIVACY ACT STATEMENT**

**Authority:**

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).**

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:**

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

**Routine Uses:**

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System

(Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:**

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

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**RIGHT TO OBTAIN AND CHALLENGE ACCURACY  
OF CRIMINAL HISTORY RECORDS**

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your **Kansas criminal history record information (CHRI)** to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: [http://www.kansas.gov/kbi/info/info\\_brochures.shtml](http://www.kansas.gov/kbi/info/info_brochures.shtml) then find the brochure named "Record Checks for Non-Criminal Justice Purposes". Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation  
Attn: Criminal History Records  
1620 SW Tyler  
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your **national CHRI, also known as the Identity History Summary**, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or, you may write to:

FBI CJIS Division  
Attn: Criminal History Analysis Team 1  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

I have \_\_\_ **OR** have not \_\_\_ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information how to challenge my criminal records for accuracy and completeness.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TO BE COMPLETED BY THE FINGERPRINTING AGENCY:**

Method of Verifying Identity:	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State Issued ID Card
	<input type="checkbox"/> Military ID Card	
State/Branch: _____	ID Number: _____	

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Individual Verifying Identity: \_\_\_\_\_

***AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.  
2. Must provide a copy to the applicant.***