

**INDUSTRIAL HEMP ENROLLMENT AND OVERSIGHT (IHEO) AUTHORIZATION
FOR PROCESSED PET FOOD MANUFACTURERS**
Incomplete applications will be returned.

Do you manufacture your own extract? **Yes** **No**

Processed Pet Food Manufacturers

1. List all current and proposed industrial hemp sources. Attach a copy of documents showing the industrial hemp 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

2. Attach up to three product labels for products containing industrial hemp.

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

Tier	Check Which Applies	Gross Annual Revenue	Processed Pet Food IHEO Authorization Fee	Tier	Check Which Applies	Gross Annual Revenue	Processed Pet Food IHEO Authorization Fee
1	<input type="checkbox"/>	Less than or equal to \$100,000	\$1,300	6	<input type="checkbox"/>	\$5,000,001 to \$7,500,000	\$4,300
2	<input type="checkbox"/>	\$100,001 to \$500,000	\$2,000	7	<input type="checkbox"/>	\$7,500,001 to \$12,500,000	\$5,200
3	<input type="checkbox"/>	\$500,001 to \$1,500,000	\$2,500	8	<input type="checkbox"/>	\$12,500,001 to \$17,500,000	\$6,200
4	<input type="checkbox"/>	\$1,500,001 to \$3,000,000	\$3,000	9	<input type="checkbox"/>	\$17,500,001 to \$25,000,000	\$7,400
5	<input type="checkbox"/>	\$3,000,001 to \$5,000,000	\$3,600	10	<input type="checkbox"/>	More than \$25,000,000	\$9,000

4. Processed Pet Food IHEO Authorization Fee: \$ _____ (to be transferred to Question 18 on [CDPH 8676](#))

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.

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

6. Business Operator Name	7. Telephone Number	8. Emergency Number	9. E-Mail Address
10. Correspondent Name	11. Telephone Number	12. Alternate Phone #	13. E-mail Address

-End of Application-

Note: All boxes must be completed. Incomplete applications will be returned.

Do Not Write Below This Line

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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INSTRUCTIONS FOR COMPLETING THE INDUSTRIAL HEMP ENROLLMENT AND OVERSIGHT (IHEO) AUTHORIZATION FOR PROCESSED PET FOOD MANUFACTURERS

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. **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 a copy of documents showing the industrial hemp is an approved source.
2. **Attach up to three product labels** for products containing industrial hemp.
3. **Industrial Hemp Enrollment and Oversight (IHEO) Authorization Fee:** First, determine your current or estimated gross annual revenue of industrial hemp processed pet food. Next, check the corresponding tier that applies. Finally, transfer the fee amount to Question 3.
4. **Processed Pet Food IHEO Authorization Fee:** Enter the amount, and transfer this amount to the [CDPH 8676](#) form, Question 18.
5. **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.
6. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
7. **Business Telephone Number:** Enter the daytime business telephone number for your business.
8. **24-Hour Emergency Contact Number:** Enter the phone number where the firm may be reached in the event of an emergency.
9. **Business Operator E-mail Address:** Enter the e-mail address of the business operator, or the main company e-mail box.
10. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
11. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
12. **Correspondent Alternate Phone #:** Enter the correspondent's alternate number or another number that can be called for information.
13. **Correspondent E-mail Address:** Enter the facility e-mail address.

Please ensure you sign this form and attach it along with the CDPH 8676 and associated payment. Please follow the instructions on the CDPH 8676 to remit payment to the California Department of Public Health.