

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

Do you manufacture your own extract?    Yes    No

1. List all current and proposed industrial hemp sources. Attach documents showing 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. List all products containing industrial hemp that are manufactured, packed or held at the facility. (Attach additional pages if necessary.) Attach up to three product labels.

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

Tier	Check Which Applies	Gross Annual Revenue	Cosmetics IHEO Authorization Fee	Tier	Check Which Applies	Gross Annual Revenue	Cosmetics IHEO Authorization Fee
1	<input type="checkbox"/>	Less than or equal to \$100,000	\$1,600	6	<input type="checkbox"/>	\$5,000,001 to \$7,500,000	\$5,200
2	<input type="checkbox"/>	\$100,001 to \$500,000	\$2,400	7	<input type="checkbox"/>	\$7,500,001 to \$12,500,000	\$6,200
3	<input type="checkbox"/>	\$500,001 to \$1,500,000	\$3,000	8	<input type="checkbox"/>	\$12,500,001 to \$17,500,000	\$7,400
4	<input type="checkbox"/>	\$1,500,001 to \$3,000,000	\$3,600	9	<input type="checkbox"/>	\$17,500,001 to \$25,000,000	\$8,800
5	<input type="checkbox"/>	\$3,000,001 to \$5,000,000	\$4,300	10	<input type="checkbox"/>	More than \$25,000,000	\$10,500

4. Cosmetics IHEO Authorization Fee: \$ \_\_\_\_\_ (to be transferred to Question 18 on [CDPH 8678](#).)

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 COSMETICS 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 documents showing industrial hemp is an approved source.
2. **List Products Containing Industrial Hemp:** List all cosmetics products containing industrial hemp that are manufactured, packed or held at your facility. Use additional sheets if necessary. 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.
3. **Industrial Hemp Enrollment and Oversight (IHEO) Authorization Fee:** First, determine your current or estimated gross annual revenue of industrial hemp cosmetics. Next, check the corresponding tier that applies. Finally, transfer the fee amount to Question 4.
4. **Cosmetics IHEO Authorization Fee:** Enter the amount, and transfer this amount to the [CDPH 8678 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 8678 and associated payment. Please follow the instructions on the CDPH 8678 to remit payment to the California Department of Public Health.