

**INDUSTRIAL HEMP ENROLLMENT AND OVERSIGHT (IHEO) AUTHORIZATION
FOR EXTRACT AND/OR HUMAN FOOD MANUFACTURERS**
Incomplete applications will be returned.

Industrial Hemp (IH) Processed Food Registration (PFR) Type: (Check all that apply)

- Extract Manufacturer (answer questions 1-5 and 9 below)**
 Human Food Manufacturer (answer questions 6-9 on the second page)

Extract Manufacturers (complete questions 1-5, and 9)

1. Provide information about the state or tribal agency that registered or licensed you and the registration/license information. Attach a copy of the registration/license and any additional applicable licenses or certifications.

Approving State or Tribal Agency	Approver Contact Information	Registration/License Number	Expiration Date

2. 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

3. Extract Type: List extract types manufactured, packed or held at your facility. (Use separate sheet if necessary.) Attach up to three product labels if product is intended for distribution or sale. (Check all that apply.) Full-Spectrum Broad-Spectrum Concentrate Crude Oil Other:

4. Extraction Method: Check all extraction methods that will be conducted on premises.
Non-Volatile Solvent or Mechanical Extraction: Carbon Dioxide (CO₂) Ethanol Food-grade Butter or Oil
 Glycerin Mechanical Water or food grade dry ice Other:
Volatile Solvent Extraction: Butane Pentane Hexane Other:

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

Tier	Check Which Applies	Gross Annual Revenue	Extract IHEO Authorization Fee	Tier	Check Which Applies	Gross Annual Revenue	Extract IHEO Authorization Fee
1	<input type="checkbox"/>	Less than or equal to \$100,000	\$2,750	6	<input type="checkbox"/>	\$5,000,001 to \$10,000,000	\$13,500
2	<input type="checkbox"/>	\$100,001 to \$500,000	\$3,500	7	<input type="checkbox"/>	\$10,000,001 to \$20,000,000	\$18,500
3	<input type="checkbox"/>	\$500,001 to \$1,500,000	\$5,000	8	<input type="checkbox"/>	\$20,000,001 to \$30,000,000	\$24,000
4	<input type="checkbox"/>	\$1,500,001 to \$3,000,000	\$7,000	9	<input type="checkbox"/>	\$30,000,001 to 50,000,000	\$32,000
5	<input type="checkbox"/>	\$3,000,001 to \$5,000,000	\$9,500	10	<input type="checkbox"/>	More than \$50,000,000	\$42,000

Extract IHEO Authorization Fee to be entered on page two, Question 9(a).

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Human Food Manufacturers (complete questions 6-9)

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

- Food Beverage Fruit/Vegetable Juice Dietary Supplements Tincture Industrial Hemp Concentrate

7. 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

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

Tier	Check Which Applies	Gross Annual Revenue	Human Food IHEO Authorization Fee	Tier	Check Which Applies	Gross Annual Revenue	Human Food IHEO Authorization Fee
1	<input type="checkbox"/>	Less than or equal to \$100,000	\$1,900	6	<input type="checkbox"/>	\$5,000,001 to \$7,500,000	\$7,100
2	<input type="checkbox"/>	\$100,001 to \$500,000	\$2,800	7	<input type="checkbox"/>	\$7,500,001 to \$12,500,000	\$8,500
3	<input type="checkbox"/>	\$500,001 to \$1,500,000	\$3,700	8	<input type="checkbox"/>	\$12,500,001 to \$17,500,000	\$9,900
4	<input type="checkbox"/>	\$1,500,001 to \$3,000,000	\$4,700	9	<input type="checkbox"/>	\$17,500,001 to \$25,000,000	\$11,500
5	<input type="checkbox"/>	\$3,000,001 to \$5,000,000	\$5,900	10	<input type="checkbox"/>	More than \$25,000,000	\$14,000

Human Food IHEO Authorization Fee to be entered on Question 9(b) below.

9. **Total IHEO Authorization Fees** (to be transferred to Question 21(c) on [CDPH 8611](#))

- a. Extract IHEO Authorization Fee: \$ _____ or N/A
- b. Human Food IHEO Authorization Fee: \$ _____ or N/A
- c. **Total IHEO Authorization Fees Due:** \$ _____
(transfer amount to Question 21(c) (CDPH 8611))

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.

If I am an out-of-state manufacturer, I consent to applicable laws under Sherman Law for the product(s) of manufacture of this application. I also consent to inspection(s) including but not limited to manufacturing, holding, and distributing site(s), records, etc. by authorized agent(s) of CDPH FDB. I acknowledge that refusal to submit to inspection and commission of violations under Sherman Law may be grounds for denial, suspension and/or revocation of CDPH registration/licensure and may be subject to other penalties.

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

11. Business Operator Name	12. Telephone Number	13. Emergency Number	14. E-Mail Address
15. Correspondent Name	16. Telephone Number	17. Alternate Phone #	18. E-mail Address

**-End of Application- 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 Extract and/or Human Food Manufacturers

IH Extract Manufacturer Applicant: Place an (X) in the box next to **Extract Manufacturer**.

1. **Approver and Registration/License:** Provide information about the approving state or tribal agency and registration/license. Attach a copy of the registration/license and any additional applicable licenses or certifications.
2. **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.
3. **Extract Type:** Check all boxes that apply to the type of extract being manufactured. If your choice is not listed, please check Other and indicate in the space what type of extract. Attach three product labels if the product is intended for distribution or sale. If there are fewer than three products, attach all product labels. You may attach a copy or the actual label. If you only are holding the product as a warehouse, you do not need to attach labels.
4. **Extraction Method:** Check all boxes that apply to extraction methods that will be conducted on premises. If your choice is not listed, please check Other and indicate in the space what type of extraction method will be used.
5. **Industrial Hemp Enrollment and Oversight (IHEO) Authorization Fee:** First, determine your current or estimated gross annual revenue (GAR) of industrial hemp extracts. If you have no revenue from extract manufacturing, GAR must be based on the product's fair market value if it were to be sold in an arm's length transaction at wholesale. Next, check the corresponding tier that applies. Finally, transfer the fee amount to Question 9(a).

IH Human Food Manufacturer Applicant: Place an (X) in the box next to **Human Food Manufacturer**.

6. **Commodities/Products:** Check all human food 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.
7. **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.
8. **Industrial Hemp Enrollment and Oversight (IHEO) Authorization Fee:** First, determine your current or estimated gross annual revenue of industrial hemp human food. Next, check the corresponding tier that applies. Finally, transfer the fee amount to Question 9(b).

For All Applicants:

9. **Total IHEO Authorization Fees:** This question determines the total IHEO Authorization Fee to be added to the CDPH 8611, Question 21(c).
 - a. **Extract IHEO Authorization Fee:** Please input the amount from Question 5 in this field or check "N/A" if you are not manufacturing extracts.
 - b. **Human Food IHEO Authorization Fee:** Please input the amount from Question 8 in this field or check "N/A" if you are only manufacturing extracts.
 - c. **Total IHEO Authorization Fees Due:** Total the amount of 9(a) and 9(b). Transfer this sum to the CDPH 8611, Question 21(c).
10. **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.
11. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
12. **Business Telephone Number:** Enter the daytime business telephone number for your business.
13. **24-Hour Emergency Contact Number:** Enter the phone number where the firm may be reached in the event of an emergency.
14. **Business Operator E-mail Address:** Enter e-mail address of business operator, or the main company e-mail box.
15. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
16. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
17. **Correspondent Alternate Phone #:** Enter the correspondent's alternate number or another number that can be called for information.
18. **Correspondent E-mail Address:** Enter the facility e-mail address.

Please ensure you sign this form and attach it along with the CDPH 8611 and associated payment. Please follow the instructions on the CDPH 8611 to remit payment to the California Department of Public Health.