APPLICATION TO MOVE INDUSTRIAL HEMP

CLIENT TRACKING INFORMATION	
First, Middle & Last Name	Telephone Number
Address:	BAIMS #:_____

TRANSPORTATION INFORMATION	
Description of transporting vehicle: License Plate #:_____	
Make: Model: Color:	
District Loading:	Address of loading:
District Destination:	Address of destination:

PRODUCT DETAILS		
Sample name and Lot Number	Quantity	Transported Product description

Industrial Hemp Certification: To the best of my knowledge the products being transported under this permit are Industrial hemp products.

_____   _____
                SIGNATURE OF APPLICANT   **DATE**