## VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF POLICY, PLANNING, AND RESEARCH

P.O. Box 1163 · Richmond, VA 23218 804-786-1241 · www.vdacs.virginia.gov

## INDUSTRIAL HEMP REGISTRATION BUSINESS NAME CHANGE REQUEST FORM

OPPR-601 (Eff. 03/24)

Submit form to: Erin Williams or electronically to: hemp@vdacs.virginia.gov

VDACS/OPPR P.O. Box 1163

Richmond, VA 23218

SECTION ONE –	CURRENT REGISTRA	ANT IDENTIFICATION
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Registration Number:	
Registrant (Business) Name:	
Name of Responsible Authority (if applicable):	
SECTIO	N TWO – NEW REGISTRANT IDENTIFICATION
New Registrant (Business) Name:	
Name of Responsible Authority (if applicable):	
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	SECTION THREE - REQUEST TYPE
Check all that apply:	☐ Change registrant name on <u>grower</u> registration
	☐ Change registrant name on <u>processor</u> registration
	☐ Change registrant name on <u>handler</u> registration

SECTION FOUR - REQUESTED FORMAL DOCUMENTS		
Please provide the documents listed below to show formal change to the business name with the		
Virginia State Corporation Commission (SCC) or with the Internal Revenue Service (IRS).		
<ul> <li>□ SCC-issued certificate of fact of existence or certificate of incorporation for current registrant name</li> <li>□ SCC-issued certificate of fact of existence or certificate of incorporation for new registrant name</li> </ul>	ame	
or		
<ul> <li>□ Assigned EIN number IRS letter for current registrant name</li> <li>□ Assigned EIN number IRS letter for new registrant name</li> </ul>		
If you are requesting a name change for an Industrial Hemp Grower Registration and the new registrant name belongs to a business entity, in addition to the documents listed above, please comp and attach the documents listed below.	lete	
<ul> <li>Section 1-B of the Industrial Hemp Grower Registration application.</li> <li>An FBI Identity History Summary for any key participant who did not submit an FBI Identity History Summary with the application submitted on behalf of the registrant named in Section One of this form.</li> </ul>		
SECTION FIVE - AFFIRMATIONS		
By signing below, I hereby affirm that, to the best of my knowledge, information, and belief, I have made no misrepresentation on this Industrial Hemp Registration Business Name Change Request Form or failed to disclose any information requested in supplementation of the original application.  I affirm that I am authorized to request that the Virginia Department of Agriculture and Consumer Services change the registrant name on the Industrial Hemp Grower, Processor, or Handler Registration(s) listed in Section One of this form. I hereby request that the Virginia Department of Agriculture and Consumer Services change the registrant name on the Industrial Hemp Grower, Processor, or Handler Registration listed in Section One of this form to the name listed in Section Two of this form.		
Signature		
Date		
Daint Name		
Print Name		