



2020 Drug Felony Report

Who should complete this Drug Felony Report within 14 days of conviction?

- a) A licensee, of either a single or multiple Iowa Hemp License; *or*
 - b) An Authorized Representative on behalf of a licensee a part of a multiple licensee permit; *or*
 - c) A licensee acting on behalf of an association; *or*
 - d) A licensee acting on behalf of a university or institution of higher learning;
- AND**
- e) A hemp licensee has been convicted, or plead guilty of, a disqualifying offense in, or outside, Iowa.

1. Convicted, or Guilty Plea, Licensee

Please complete all fields with a red asterisk (*):

First Name*	Middle Name*	Last Name*
License Number *	Cell Phone*	Email Address*

2. Person Submitting This Report

Please fill out this section IF the person differs from section 1, above.

First Name	Middle Name	Last Name
License Number	Cell Phone	Email Address

[continued on next page]

3. Date of Conviction, or Guilty Plea

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4. State Where Conviction, or Guilty Plea Occurred

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Submitter's full legal signature*	Date (m/d/yyyy)*

(You must print this completed report and sign it)

Complete, sign, and send this form to:
LuAnn.Folkers@IowaAgriculture.gov