

## PLANT COUNT INREASE OR DECREASE FORMD D

A licensee may request an increase in the number of mature cannabis plants the licensee is authorized to grow at the time of renewal, and at one other time per year. An increase shall only be made up to 8 increments of 500. To be considered for approval by the Division, the licensee must provide, in addition to required fees set forth in 16.8.11 NMAC, the information requested below to demonstrate the licensee's capability for a mature cannabis plant increase.

Also, a licensee may request a decrease in the number of mature cannabis plants the licensee is authorized to grow at the time of renewal.

PRIMARY BUSINESS INFORMATION	
LICENSE NUMBER	
BUSINESS LEGAL NAME	
PREMISE ADDRESS	
PLANT DETAILS	
Number of mature cannabis plants you intend to grow at this premise:	
Number of immature cannabis plants licensee intends to grow at this premise:	
Current inventory of mature cannabis plants:	
Current inventory of harvested cannabis (batches):	
Number of cannabis plants harvested in the preceding 3 months:	
Update estimation of gallons of water per month, per premise:	
Have you grown at least 90% of the maximum authorized plant count within the preceding three months?	Yes No If no, please attach an explanation.
Have you sold at least 80% of your harvested cannabis within the preceding three months?	Yes No If no, please attach an explanation.
ATTESTATION	
Under penalty of perjury, the Controlling Person, or Delegated Agent for the licensee, hereby declares that the information contained within and submitted with this application is complete, true and accurate. The Controlling Person, or Delegated Agent, acknowledges that all certifications and requirements applicable to the current license are applicable to a renewed license. The Controlling Person, or Delegated Agent, acknowledges that a misrepresentation of fact or violation of the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules may result in revocation of a license issued.  Controlling Person or Delegated Agent Signature	
Print Name and Title	Date

