



Industrial Hemp Harvest Report

Not less than 30 days prior to harvest

Please type or print clearly (*Incomplete or illegible forms will be returned*)

Institution of Higher Education: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Alternate Phone: _____

Email: _____

Subcontractor Information (If applicable)

Company/Trade Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Alternate Phone: _____

Email: _____

Grower Information (If different from the subcontractor)

Company/Trade/Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Alternate Phone: _____

Email: _____



Hemp Production Acreage Information (Outdoor)

Total number of acres harvested: _____

Contiguous Field

<u>Legal Description:</u>		Township:	Range:	Section:
Field GPS: Decimal Degrees <i>(from field center)</i>	Lat:	Long:		
List varieties present: <i>(attach map listing and showing locations)</i>				Acres:

Greenhouse Industrial Hemp Production Information (Indoor)

Total number of square feet to be harvested? _____

Address and location with the property of each growing area is required. Use attachment if more space is required

Building 1 (Range / Room)

Building Address:			
Building GPS: Decimal Degrees <i>(from bldg. center)</i>	Lat:	Long:	
List varieties present: <i>(attach map listing and showing locations)</i>			Sq. Ft:

Harvest Information

When is the anticipated harvest date or dates?

ACRE/SQ FT: _____ VARIETY: _____ DATE: _____

ACRE/SQ FT: _____ VARIETY: _____ DATE: _____

What is the expected yield?

ACRE/SQ FT: _____ VARIETY: _____ YIELD: _____

ACRE/SQ FT: _____ VARIETY: _____ YIELD: _____



Intended Use and Disposition

Will the whole plant be sold or transferred to a third party? YES ____ NO ____

If yes, who is this being sold to? NAME: _____

ADDRESS: _____

CITY/ZIP: _____

Will individual plant parts be sold or transferred to a third party? YES __ NO __ Which plant part? _____

If yes, who is this being sold to? NAME: _____

ADDRESS: _____

CITY/ZIP: _____

Will individual plant parts be sold or transferred to a third party? YES __ NO __ Which plant part? _____

If yes, who is this being sold to? NAME: _____

ADDRESS: _____

CITY/ZIP: _____

Please describe any mechanical, chemical or other processing techniques applied to the whole plant before sale or transfer to a third party?

Please describe any fertilizer, pesticides, or other chemicals applied to each variety of industrial hemp planted at the cultivation site?

Please describe any irrigation or water management practices that were used at the cultivation site for each variety of industrial hemp?



Please describe any tillage or ground preparation practices that were used at the cultivation site for each variety of industrial hemp?

Please describe the environmental impacts and viability of each variety of industrial hemp planted along with any supporting documents?

Supplemental Harvest Report

Not less than thirty (30) days following the harvest, the institutional licensee shall supplement the harvest report and declare the actual yield for each variety of industrial hemp planted at the cultivation site and any material change to the information supplied in the harvest report.

Attachment Checklist for Records

You must keep the following documents for no less than 5 years.

35:30-24-10. Records

- (a) The institutional licensee shall retain the following records for no less than five (5) years from the date the record is obtained or generated:
- (1) All records relating to information supplied in the application for a license;
 - (2) All records relating to the use and disposition of industrial hemp harvested or any plant parts thereof;
 - (3) All records relating to the storage or processing of industrial hemp or any plant parts thereof;
 - (4) All records relating to the destruction of industrial hemp harvested or any plant parts thereof, including but not limited to, any affidavits, notifications, and electronic records required by this subchapter.
- (b) The institutional licensee shall produce or allow inspection of records at the request of the Department.
- (c) The institutional licensee's obligation to retain and produce records shall be satisfied if the subcontractor retains or produces records.

Signature: _____

Title: _____

Date: _____