

Oklahoma Department Of Agriculture, Food  
and Forestry  
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## **2022 Hemp Inspection Request Form**

This form is for licensees to report when they plan to harvest and to schedule their hemp sampling.

**Must be submitted at least 30 days before harvest**

Lic#: \_\_\_\_\_ FSA#: \_\_\_\_\_

Company/Trade Name (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Work phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Variety Name: \_\_\_\_\_

Planned Harvest Date: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Number of Sq.Ft: \_\_\_\_\_

Grow Location (GPS or street address): \_\_\_\_\_

\_\_\_\_\_

\*please provide the above information for each variety you intend to harvest\*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_