ARKANSAS DEPARTMENT OF AGRICULTURE PLANT INDUSTRIES DIVISION

Rev 12/20/2019

2020 Hemp Harvest Report Form

OFFICE USE ONLY

- This report is due for every field or indoor area planted.
- This report is due at least 15 days prior to harvest.
- This report is meant for **ONLY ONE planting street address**. If you have other planting street addresses that need to be harvested, fill out this form for those additional street addresses.
- Following the submission of this form, an ADA inspector will schedule an appointment to collect sample(s). No
 harvest is authorized until a sample of each plot is collected by ADA; no destruction is authorized until you
 receive approval in writing from ADA.
- Once ADA collects compliance samples, harvest must be completed within 15 days.

License Holder:		Grower License:
Name of Signing Authority (if business):		
Email:	Phone:	

- 1) Indicate harvest location: Outdoor/Field Greenhouse/Indoor
- 2) Indicate Registered Growing Address for this report:

3)	Planting Address (MUST Match Address on GROWER Application)	City	Zip	County

Provide initial harvest info in the table below. The "Location ID" (GPS Coordinates) MUST correspond to the Location ID used to name fields or Greenhouses on your application or site modification form.

Location ID (MUST match Location ID in License Agreement)	Hemp Variety / Strain	Acres / Square ft. in this harvest	Primary Harvest (Grain, Fiber, Floral)	Expected Initial Harvest Date	Expected Completion Date (NO MORE than 15 days later)	Will this be complete had for this plo	arvest
Ex: Field 2	Ex: Hemp18	Ex: 10 ac	Ex: Floral	Ex: 8/15/2018	Ex: 8/21/2018	Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

[†] Attach additional sheets as necessary. *If all industrial hemp harvests are not represented on this form, future harvests must be reported on additional forms.

4) \	Were any pesticides used on the hemp before planting?	YES	NO	
I	If "Yes," indicate:			
-	 s any harvest listed in Question (4) of floral material? If "Yes", note that you are prohibited from co-mingling or received acceptable test results. 	YES moving your harv	NO rest from its storage	location until you have
6) /	Are the harvested industrial hemp materials to be transporte	ed offsite?	YES	NO
ı	If "Yes," indicate licensed location:			
7) I	ndicate if you have any other industrial hemp growing on yo	our property.	YES	NO
	NOTE: If you are growing any other industrial hemp NOT reported of Harvest/Destruction Report form at least 15 days prior to harvest or	-	ll need to complete an	nother
	y signing my name below, I attest that I am the license hold orm and that this information is accurate and complete.	er or authorized k	by the license holder	r to submit this
Pri	inted Name:			
Sig	gnature:	Date:		

Mail to:

ATTN: Caleb Allen
ADA Industrial Hemp Program
1 Natural Resources Dr.
Little Rock, AR 72205

Email to: Industrialhemp@agriculture.arkansas.gov