



INDUSTRIAL HEMP PROGRAM
GROWER NOTICE OF INTENT TO TRANSPORT

Dept. Use Only		
Date Received: _____	Received By: _____	License No: _____

- This form must be submitted to the Department no less than 72 hours prior to shipment or transport.
- Harvest Lot Number should match Intent to Harvest. This number must be included on all shipping and transport documents before received by a processing facility.

LICENSEE INFORMATION

License Number:	
Company Name:	
First Name:	
Last Name:	
Phone Number:	
Email:	

CROP INFORMATION:

Variety Name:			
Location ID:		Harvest Lot Number:	
GPS: Latitude EX: 33.449517	GPS: Longitude EX: -112.095899	County	Area <input type="checkbox"/> Acres <input type="checkbox"/> Sq. Ft.
Intended Transport Date:			
Variety Name:			
Location ID:		Harvest Lot Number:	
GPS: Latitude EX: 33.449517	GPS: Longitude EX: -112.095899	County	Area <input type="checkbox"/> Acres <input type="checkbox"/> Sq. Ft.
Intended Transport Date:			
Variety Name:			
Location ID:		Harvest Lot Number:	
GPS: Latitude EX: 33.449517	GPS: Longitude EX: -112.095899	County	Area <input type="checkbox"/> Acres <input type="checkbox"/> Sq. Ft.
Intended Transport Date:			

If reporting on more than 3 intents to transport, please complete another "Intent to Transport" form.

 Authorized Signature
 For questions or assistance, please call (602) 542-0955 or send an email to azhemp@azda.gov.

 Date