



**Registered Name** \_\_\_\_\_ **Registration Number** \_\_\_\_\_

Don't have a registration number yet? You will need to wait until your application is processed and a registration number is issued to submit this form.

Under Rule 3.1 Registrants are required to submit a pre-planting report, prior to planting. This is a "planning" report and only required ONCE per registration period. Not prior to each planting.

Providing the information below on this form and submitting it with this application fulfills the PRE-Planting Report requirement.

**\*\*Your intended varieties and intended use can change from what is reported here.\*\***  
You will report those changes, and show what you actually end up planting, on your Planting Report within 10 days of planting. No updated Pre-Planting report is required if the details below change prior to when you plant.

After reading the following **IMPORTANT** reminder, Initial Here \_\_\_\_\_  
I understand that in addition to this PRE-Planting report, **A Planting Report is required within 10 days after planting and a Harvest Report is required at least 30 days prior to Harvest.** I also understand that failure to submit these required reports within the required timelines can result in fines and penalties.

Intended Varieties:

VARIETY NAME \_\_\_\_\_

VARIETY NAME \_\_\_\_\_

VARIETY NAME \_\_\_\_\_

VARIETY NAME \_\_\_\_\_

(USE ADDITIONAL SHEETS IF NECESSARY)

### **Statement of Intended End Use**

Please check off your intended end use for all plants grown under this registration. (Check all that apply)

Animal Bedding \_\_\_\_\_ BioFuel \_\_\_\_\_ CBD Extraction \_\_\_\_\_ Cloning \_\_\_\_\_ Compost \_\_\_\_\_ Cosmetic/beauty \_\_\_\_\_

Cultivars \_\_\_\_\_ Dietary Supplements \_\_\_\_\_ DNA Sequencing/genetics \_\_\_\_\_ Fiber \_\_\_\_\_ Food/Drink additive \_\_\_\_\_

Grain \_\_\_\_\_ Hempcrete \_\_\_\_\_ Insulation \_\_\_\_\_ Phytoremediation \_\_\_\_\_ Seed For Planting \_\_\_\_\_ Seed Stock \_\_\_\_\_

Other (Please Explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ **(Print Name)**, as \_\_\_\_\_ **(Title of Officer, if not Sole Proprietor)**

Verify that the material and purposes listed in the pre-planting reports are accurate and true to the best of my knowledge.

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

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

Please email completed form to [industrialhemp@state.co.us](mailto:industrialhemp@state.co.us)  
Or US Mail to:  
Colorado Dept of Agriculture Attn Hemp Program  
305 Interlocken Pkwy  
Broomfield, Co 80021