2020 Field Planting Report Form

- This form is due for each and every address approved on your application and any subsequent Site Modification Requests, and must include each field Location ID.
- Use separate forms for different addresses.
- This form is due within 15 days following the first day of each planting. THIS FORM IS NOT DUE QUARTERLY.
- If you will NOT plant at a licensed Location ID, report of a "NO Planting" is due by July 31, 2019, by completing the Location ID field(s) in Question 2, and checking the "NO Planting" box in the far right column.
- If submitting electronically, send to lndustrialhemp@agriculture.arkansas.gov

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

1) Indicate Registered Growing Address for this report:

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

Complete the following table for Field Location IDs.

NOTE 1: The Location ID MUST match the ID listed in the *Licensing Agreement*/Application/Site Modification Request.

NOTE 2: If a field contains multiple varieties/strains, enter on separate rows.

Location ID (MUST match Licensed Location ID)	Hemp Variety / Strain	Planted: Seeds or Transplants.	Source of Seeds or Transplants*	Area Planted (acres)	Primary Intended Purpose of Crop (Grain, Fiber or Floral)	Date Planted	Expected Harvest Date	Check if this is a replant	Check if NO Planting will occur
Ex: Field 11A	Ex: Hemp18	Ex: Seeds	Ex: Great Farms	Ex: 25 ac	Ex: Fiber	4/5/18	4/10/2018		
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^{*}For Seed/Transplant Source, indicate where YOU received the material from, which may be another ADA license holder, or a seed/clone supplier.

3) Do you intend to plant additional hemp at this address this year?	YES	NO
If "Yes," explain:		

- 4) If you only planted a portion of the licensed field(s), attach an updated version of the map for this address. Include the following new information on the map.
 - Circle only the area planted in each field.
 - If not planting in a licensed field location, mark an "X" through the field where hemp will NOT be planted. Also, remember to write the Location ID for this no-plant field in the table on Question (2) and the "No Planting" column.

By signing my name below, I attest that I am the license holder or a signing authority by the license holder to submit this form and that this information is accurate and complete.

Printed Name:	
Signature:	Date:

➤ If this address also has greenhouse/indoor growing location, you must also submit a separate *Greenhouse/Indoor Planting Report* form.

Email to: Industrialhemp@agriculture.arkansas.gov

Mail to:

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