



# ARKANSAS DEPARTMENT OF AGRICULTURE PLANT INDUSTRIES DIVISION

Rev 12/20/2019

## 2020 Greenhouse/Indoor Planting Report Form

OFFICE USE ONLY

- This form is required for every licensed indoor growing location/Location ID.
- This form is **due within fifteen (15) days of first planting** in an empty structure (First Planting/Initial).
- This form is **also due on the last day of each quarter** (Mar. 31, June 30, Sept. 30, Dec. 31), whether you have live plants in the approved indoor growing location, or not.
- If no further production will occur in the location this year, you may submit multiple quarters on the same report.
- One street address per report; account for all indoor/greenhouse location IDs associated with approved street address.
- If submitting electronically, send forms to [Industrialhemp@agriculture.arkansas.gov](mailto:Industrialhemp@agriculture.arkansas.gov)

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

### 1) Indicate Registered Growing Address for this report:

Planting Address (MUST Match Address on <i>GROWER Application</i> )	City	Zip	County

2) Indicate Quarter(s) for this report:     First Planting /     Mar. 31 /     June 30 /     Sept. 30 /     Dec. 31

3) If you have not and will not plant/propagate or maintain live plants at this address for remaining quarters, indicate those here:     Mar. 31 /     June 30 /     Sept. 30 /     Dec. 31

### 4) Complete the table below. Indicate new plantings during this quarter.

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

**NOTE 2:** Keeping potted plants outside next to a greenhouse is only permitted temporarily for specific reasons.

Location ID (MUST match Location ID in Application)	Hemp Variety / Strain	Planted: Seeds, Cuttings, or Transplants.	*Source of Seeds or Planting Stock	Area Planted (Sq. Ft.)	Date Planted or Seeded	Check if <b>NO</b> plants this quarter	Intended use for plants (Floral, Grain, Fiber)
Ex: GH12	Ex: CBD 1	Cuttings	Ex: Hemp Seeds	Ex: 30 sq ft	Ex: 4/5/18		Ex: Floral

\*For Seed/Planting Stock Source, indicate where YOU received the material from, which may be another ADA license holder, a seed/clone supplier, or from cuttings onsite.

Complete the tables below.

5) Indicate all transfers of transplants or planting stock to or from other licensees.

Variety / Cultivar	Number of Transplants	Date Transferred	Recipient
<i>Ex: CBD 24</i>	<i>Ex: 12,000</i>	<i>Ex: 4/5/2018</i>	<i>Ex: Transfer to J. Smith License#H100</i>

6) Indicate the current inventory, quantity, and variety of plants on site during this quarter.

Location ID (Must match licensed Location ID)	Variety / Cultivar	Number of Plants	Area (Sq. ft)
<i>Ex: GH12, rows 2-8</i>	<i>Ex: CBD 1</i>	<i>Ex: 125 plants</i>	<i>Ex: 1,250 sq ft</i>

7) Attach additional sheets as necessary. If additional sheets are attached, indicate total number of

sheets attached:

By signing my name below, I attest that I am one of the signing authorities listed within the Arkansas Industrial Hemp Grower Application, and that this information is accurate and complete.

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

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

➤ If this address also has field production, you must also submit a separate **Field Planting Report** form.

Email to: [Industrialhemp@agriculture.arkansas.gov](mailto:Industrialhemp@agriculture.arkansas.gov)

**Mail to:**

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