ARKANSAS DEPARTMENT OF AGRICULTURE
PLANT INDUSTRIES DIVISION

Rev 12/20/2019

OFFICE USE ONLY

2020 Hemp Harvest Report Form

- 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 a complete harvest for this plot?***
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**

If "Yes," indicate: _____

5) Is any harvest listed in Question (4) of floral material? ☐ **YES** ☐ **NO**

- If "Yes", note that you are prohibited from co-mingling or moving your harvest from its storage location until you have received acceptable test results.

6) Are the harvested industrial hemp materials to be transported offsite? ☐ **YES** ☐ **NO**

If "Yes," indicate licensed location: _____

7) Indicate if you have any other industrial hemp growing on your property. ☐ **YES** ☐ **NO**

NOTE: If you are growing any other industrial hemp NOT reported on this form, you will need to complete another Harvest/Destruction Report form at least 15 days prior to harvest or destruction.

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

Printed Name: _____

Signature: _____ **Date:** _____

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

Email to: Industrialhemp@agriculture.arkansas.gov