

# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114

617-626-1700 fax: 617-626-1850 [www.mass.gov/agr](http://www.mass.gov/agr)



## Industrial Hemp Harvest Report

***All Harvest Reports must be submitted at least twenty-one (21) days before the start of harvest***

### Directions

- Complete all parts of the following form and submit to the Department *no later than twenty-one (21) days* prior to the start of harvest to allow time to schedule sample testing.
- Following the submission of this form, the Department will contact you to schedule an appointment to collect samples. *Harvest may not begin until samples have been collected.*
- The licensee or a previously designated authorized signatory must be physically present during sampling.
- Crop must be completely harvested within fifteen (15) days after sampling has taken place.
- If harvesting prior to receiving the sample results, you **MUST** hold on to all harvested crop material which may not be commingled with other varieties nor extracted until a Certificate is issued from the Department.

**Mail to:** Massachusetts Department of Agricultural Resources  
Hemp Program  
251 Causeway Street; Suite 500  
Boston, MA 02114

**or email:** [mahemp@mass.gov](mailto:mahemp@mass.gov)

*Please type or print clearly (incomplete or illegible forms will be returned).*

### License Holder Information

Name of License Holder:

MDAR License no:

Mailing Address:

Primary Phone: ☐ cell ☐ home ☐ office

Email:

## MA Industrial Hemp Harvest Report

Please submit a separate page for each location

### Harvest Area Detail

Please provide the following information for each site to be harvested. If there is more than one licensed growing area to be harvested, please fill out additional Harvest/Destruction Forms for each.

Site Name:		
Physical Address:		
City:	State:	Zip Code:
Latitude:		Longitude:

### Harvest Information

Grow Area Name	Variety/Strain	Planting Date	Harvest Date	Harvest Area
				acres <input type="checkbox"/> ft <sup>2</sup> <input type="checkbox"/>
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### Additional Site Details:

Do you have any other Industrial Hemp remaining on your property? ☐ Yes ☐ No

*Note: If you have Industrial Hemp remaining on your property that has not yet been tested, and is not being harvested at this time you will need to submit another Harvest Report form at least twenty-one (21) days prior to harvest of that crop*

### Official Use Only

Date received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Sampling scheduled: ☐ YES ☐ NO Sampling Date: \_\_\_\_\_