

## INDUSTRIAL HEMP INTENT TO HARVEST REPORT

This form is due within 30 calendar days prior to harvesting a crop. <u>Note:</u> Forms submitted within 14 days of the intended harvest date may not be guaranteed a pre-harvest inspection can be scheduled within the grower's timeframe. <u>Submit all forms to azhemp@azda.gov</u>.

## LICENSEE INFORMATION:

Company Name:		License Number:
Licensee Name:		Phone Number:
Licensee Email:		Location POC Name:
POC Email:		POC Phone #:
Location or Address to meet licensee's representative for pre-harvest inspection:		
CROP INFORMATION:		
# Harvest Lot Number	ot Number: USDA-FSA ID Number:	
Variety Name (Only one): Harvest Date:		
Harvest Type: Flower I   Oil Seed/Grain I   Fiber I   Planting Seed I		
Growing Location ID:	Planting Location ID	): County:
Latitude	Longitude	Area to Harvest
EX: 33.449517	EX: -112.095899	
		Calculated Area:
Is the area to be harvested less than reported on the planting report? YES VI NO		
If YES, explain:		
# Harvest Lot Number		USDA-FSA ID Number:
/ariety Name (Only one): Harvest Date:		
Harvest Type: Flower I   Oil Seed/Grain I   Fiber I   Planting Seed I		
	Dianting Location ID	
Growing Location ID:	Planting Location ID	
Latitude <i>EX:</i> 33.449517	Longitude <i>EX: -112.095899</i>	Area to Harvest Outdoor Acres I   Indoor Sq./Ft. I
	Calculated Area:	
Is the area to be harvested less than reported on the planting report? YES I   NO I		
If YES, explain:		
If reporting on more than 2 locations complete and submit additional planting report continuation reports.		

Authorized Signature

For questions or assistance, please call (602) 542-0955 or send an email to azhemp@azda.gov.

Date