



INDUSTRIAL HEMP MICROGREENS/GREENS REPORT CONTINUATION

Dept. Use Only

This form is due within 5 business days prior to harvesting a crop. **Please send all forms to azhemp@azda.gov**. Make sure to include in the email subject line: License Number and "Microgreens Report".

LICENSEE INFORMATION:

Company/Licensee Name:	License Number:
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CROP INFORMATION:

#	Variety Name (Only one):	Harvest Lot Number:
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Growing Location ID:	Planting Location ID:	County:
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Latitude <small>EX: 33.449517</small>	Longitude <small>EX: -112.095899</small>	Area Planted Outdoor Acres <input type="checkbox"/> Indoor Sq./Ft. <input type="checkbox"/>

Origin State/Country:	Origin License ID:	USDA-FSA ID Number
Planting Date:	Harvest Date:	

#	Variety Name (Only one):	Harvest Lot Number:
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Planting Date:	Harvest Date:	

If reporting on more locations complete and submit additional planting report continuation reports.

Authorized Signature

Date

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