



**ARIZONA DEPARTMENT OF AGRICULTURE
ENVIRONMENTAL & PLANT SERVICES DIVISION - HEMP PROGRAM**

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INDUSTRIAL HEMP PROGRAM PLANTING REPORT

This form is due within 5 business days after planting a crop. **Please send all forms to azhemp@azda.gov.** Make sure to include in the email subject line: License Number and "Planting Report". Hemp crops **shall not** be harvested prior to sampling. Submit an **Intent to Harvest Report** within 30 to 14 days prior to harvesting.

LICENSEE INFORMATION:

Company Name:		License Number:	
Licensee Name:		Phone Number:	
Licensee Email:		Location POC Name:	
POC Email:		POC Phone #:	

CROP INFORMATION:

#	Planting Purpose: <input type="checkbox"/> Grower <input type="checkbox"/> Nursery	Material Type: <input type="checkbox"/> Seed <input type="checkbox"/> Cuttings/Seedlings
Variety Name (Only one):		Harvest Lot Number:

Hemp Crop Type:	Flower	Grain	Fiber	Planting Seed	Transplants
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Growing Location ID:	Planting Location ID:	County:
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Latitude EX: 33.449517	Longitude EX: -112.095899	Area Planted Outdoor Acres <input type="checkbox"/> Indoor Sq./Ft. <input type="checkbox"/>
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Origin State/Country:	Origin License ID:	USDA-FSA ID Number
Planting Date:	Est. Harvest/Transplant Date:	

#	Planting Purpose: <input type="checkbox"/> Grower <input type="checkbox"/> Nursery	Material Type: <input type="checkbox"/> Seed <input type="checkbox"/> Cuttings/Seedlings
Variety Name (Only one):		Harvest Lot Number:

Hemp Crop Type:	Flower <input type="checkbox"/>	Grain	Fiber	Planting Seed	Transplants
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Origin State/Country:	Origin License ID:	USDA-FSA ID Number
Planting Date:	Est. Harvest/Transplant Date:	

If reporting on more than 2 locations complete and submit additional planting report continuation reports.

Have these crops been registered with USDA-FSA? ☐ YES ☐ NO

Authorized Signature

Date

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