



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

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INDUSTRIAL HEMP PROGRAM PLANTING REPORT CONTINUATION

Dept. Use Only

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".

LICENSEE INFORMATION:

Company/Licensee Name:		License Number:	
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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 <input type="checkbox"/> Oil Seed/Grain <input type="checkbox"/> Fiber <input type="checkbox"/> Planting Seed <input type="checkbox"/> Transplants <input type="checkbox"/>		
Growing Location ID:	Planting Location ID:	County:
Latitude EX: 33.449517	Longitude EX: -112.095899	Area Planted Outdoor Acres <input type="checkbox"/> Indoor Sq./Ft. <input type="checkbox"/>
Origin State/Country:		Origin License ID:
Planting Date:		Est. Harvest/Transplant Date:
USDA-FSA ID Number		
#	Planting Purpose: <input type="checkbox"/> Grower <input type="checkbox"/> Nursery	Material Type: <input type="checkbox"/> Seed <input type="checkbox"/> Cuttings/Seedlings
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Planting Date:		Est. Harvest/Transplant Date:
USDA-FSA ID Number		

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.