

## ARIZONA DEPARTMENT OF AGRICULTURE **ENVIRONMENTAL AND PLANT SERVICES DIVISION - INDUSTRIAL HEMP PROGRAM**

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## **INDUSTRIAL HEMP PROGRAM**

PROCESSOR NOTIFICATION FORM					
Dept. Use Only					
Date Recei	ved:	Recei	ved By: Li	cense No:	
calendar day processing f	ys of the er rom any in ssessment emp Table	nd of each month that -state or out-of-state of fees indicated in Ariz 1.	rovide the department a comp a licensed processor receives grower. The information provid ona Administrative Code R3-4	any shipment of ed in this form is	industrial hemp for for the invoicing of
License Number:					
Company Name:					
First Name:					
Last Name:					
Phone Number: Email:					
Linaii.					
SHIPMENT	INFORMA	TION:			
Date Received	Origin State (Abbr.)	Origin License No	Lot/ID/Serial Number of Material	Amount Received in Pounds	Type of Processing
If reporting of Processor I			ved of Industrial Hemp, please	e complete and a	ttach another
Authorized S		ance please call (602	2) 542-0955 or send an email t	Date	-

Report: HempProcessorNotification ADA PSD 06/29/22 BKM

azhemp@azda.gov.