



INDUSTRIAL HEMP PROGRAM GROWER NOTICE OF INTENT TO TRANSPORT

Dept. Use Only

Date Received: _____ Received By: _____ License No: _____

- This form must be submitted to the Department no less than 3 business days prior to shipment or transport.
- Harvest Lot Number should match Intent to Harvest. This number must be included on all shipping and transport documents before received by a processing facility.

LICENSEE INFORMATION

License Number:	
Company Name:	
First Name:	
Last Name:	
Phone Number:	
Email:	

CROP INFORMATION:

Variety Name:			
Location ID:		Harvest Lot Number:	
GPS: Latitude EX: 33.449517	GPS: Longitude EX: -112.095899	County	Amount Shipped
Intended Transport Date:		Is this the entire Harvest Lot? YES NO	
Variety Name:			
Location ID:		Harvest Lot Number:	
GPS: Latitude EX: 33.449517	GPS: Longitude EX: -112.095899	County	Amount Shipped
Intended Transport Date:		Is this the entire Harvest Lot? YES NO	
Variety Name:			
Location ID:		Harvest Lot Number:	
GPS: Latitude EX: 33.449517	GPS: Longitude EX: -112.095899	County	Amount Shipped
Intended Transport Date:		Is this the entire Harvest Lot? YES NO	

If reporting on more than 3 intents to transport, please complete another "Intent to Transport" form.

Authorized Signature

Date

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