



INDUSTRIAL HEMP PROGRAM
GROWER/NURSERY PLANTING REPORT

Dept. Use Only	
Date Received: _____	Received by: _____

This form is due within 7 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

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

Planting Information:

Variety Name:			
<input type="checkbox"/> Grower		<input type="checkbox"/> Nursery	
<input type="checkbox"/> Seed		<input type="checkbox"/> Propagative Material	
Growing Location ID:		Planting Location ID:	
Lot Number:			
GPS: Latitude EX: 33.449517	GPS: Longitude EX: -112.095899	County	Area <input type="checkbox"/> Acres <input type="checkbox"/> Sq. Ft.
Origin Location:		Origin License ID:	
Planting Date:		Est. Harvest/Transplant Date:	
Variety Name:			
<input type="checkbox"/> Grower		<input type="checkbox"/> Nursery	
<input type="checkbox"/> Seed		<input type="checkbox"/> Propagative Material	
Growing Location ID:		Planting Location ID:	
Lot Number:			
GPS: Latitude EX: 33.449517	GPS: Longitude EX: -112.095899	County	Area <input type="checkbox"/> Acres <input type="checkbox"/> Sq. Ft.
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Lot Number:			
GPS: Latitude EX: 33.449517	GPS: Longitude EX: -112.095899	County	Area <input type="checkbox"/> Acres <input type="checkbox"/> Sq. Ft.
Origin Location:		Origin License ID:	
Planting Date:		Est. Harvest/Transplant Date:	

If reporting on more than 3 locations complete an additional planting report.

 Authorized Signature

 Date

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