



INDUSTRIAL HEMP PROGRAM
GROWER/NURSERY PRE-PLANTING REPORT

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

Please send all forms to azhemp@azda.gov. Make sure to include in the email subject line: License Number and "Pre-Planting Report".

LICENSEE INFORMATION

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

PRE-PLANTING INFORMATION:

Variety Name:		Estimated Planting Date:	
<input type="checkbox"/> Grower	<input type="checkbox"/> Nursery	<input type="checkbox"/> Seed	<input type="checkbox"/> Propagative Material
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:	
Variety Name:		Estimated Planting Date:	
<input type="checkbox"/> Grower	<input type="checkbox"/> Nursery	<input type="checkbox"/> Seed	<input type="checkbox"/> Propagative Material
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:	
Variety Name:		Estimated Planting Date:	
<input type="checkbox"/> Grower	<input type="checkbox"/> Nursery	<input type="checkbox"/> Seed	<input type="checkbox"/> Propagative Material
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:	

If reporting on more than 3 locations, please complete an additional pre-planting report.

 Authorized Signature

 Date

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