



**INDUSTRIAL HEMP PROGRAM
 GROWER/NURSERY REPORT**

Dept. Use Only

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

- Grower and Nursery Reports are to be completed and turned in by December 31st of each year.

LICENSEE INFORMATION

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

SALE AND/OR DISTRIBUTION INFORMATION:

Date Sold and/or Distributed	Receiver's License No	Receiver's Name	Receiver's Address	Receiver's State	Amount Sold and/or Distributed in Pounds

If reporting on more than 20 sales and/or distributions of Industrial Hemp, please complete and attach another "Grower/Nursery Report".