

ARKANSAS DEPARTMENT OF AGRICULTURE

PLANT INDUSTRIES DIVISION

Rev 11/2020

2021 Destruction Request Form

OFFICE USE ONLY

- No destruction of any hemp material is authorized until you receive approval in writing from the Department, or without a Department representative present.
- The Department will determine on a case-by-case basis whether a licensee can destroy hemp material with or without a Department or law enforcement witness present, dependent on the nature of the Destruction Request. If your destruction is approved, you MUST provide the Department with photographic evidence of the destruction method taking place on your hemp plot(s).
- This request form is due in the event of failed plantings, failed crop emergence, research only plots, noncompliant hemp testing above the acceptable THC level, rogued male plants, etc., and in the event of a Mandatory Destruction for program compliance from failing pre- and/or post-harvest lab results. **Refer to Program's 2021 Sampling & Testing SOP.**
- This request form is due at least 15 days prior to destroying any industrial hemp material.
- This request is intended for **ONE planting street address**. If you have other street addresses with hemp material or plots that need to be destroyed, fill out this request form for each additional street address.
- Following the submission of this request form, a Department inspector <u>may</u> contact you to schedule an
 appointment to witness you implement your proposed destruction method.

License Holder:	Grower License #:	
Name of Signing Authority (if business):		
Email:	Phone:	

1) Indicate Registered Address for this destruction request:

Planting Address (MUST Match Address on Page 2+ of Grower License)	City	Zip	County

2) Complete the information below regarding the hemp plot(s) you are proposing to destroy. You must receive approval in writing from the Department *PRIOR* to implementing your destruction method, as the Department may inspect, witness, or collect samples.

NOTE: If you planted a plot and there is/was no emergence of plants (<u>failed crop, no harvest</u>), indicate below under "reason for proposed destruction," even if there is no biomass to actually destroy.

Location ID (MUST match Location ID on Page 2+ of License)	Variety / Strain	Acres / Square ft. proposed for destruction	Date of Proposed Destruction	Reason for Proposed Destruction	Proposed Method of Destruction	Will this be a complete destruction of all hemp in this plot?*	
Ex: Field 2	Ex: Hemp18	Ex: 10 ac	Ex: 8/15/2018	Ex: no emergence	Ex: mowing	Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
			<u> </u>			Yes	No
			·			Yes	No
						Yes	No

[†] Attach additional sheets as necessary.

3)	Attach p	oictures o	of the	hemp	plot(s)	in this	request	intended	for de	estruction
----	----------	------------	--------	------	---------	---------	---------	----------	--------	------------

Pictures attached

4) Is this destruction request due to a noncompliant THC% lab test result issued by the Department?

YES

5) Indicate if you have any other industrial hemp growing on your property.

NO

YES NO

NOTE: If you are growing any other industrial hemp NOT reported on this form, you will need to complete an additional Harvest or Destruction Request form at least 15 days prior to harvesting or destroying any hemp material. All planted hemp plots must have an associated Harvest Request Form or Destruction Request Form before the end of the season.

By signing my name below, I attest that I am the license holder or a signing authority of the license holder who is authorized to submit this request form. Furthermore, I attest that this information is accurate and complete to the best of my knowledge.

Printed Name:		
Signature:	Date:	

Email to: Industrialhemp@agriculture.arkansas.gov



Arkansas Department of Agriculture

Hemp Research Licensing Program 1 Natural Resources Drive Little Rock, Arkansas 72205

www.agriculture.arkansas.gov