



ARKANSAS DEPARTMENT OF AGRICULTURE PLANT INDUSTRIES DIVISION

Rev 11/2020

2021 Field Planting Report Form

(DUE WHETHER YOU PLANTED AT A LICENSED FIELD LOCATION ID, OR NOT)

OFFICE USE ONLY

- This report form is due for every Field Location ID approved within your application and any subsequent Site Modification Requests. Refer to Page 2+ of your License Certificate for all Location IDs.
- Use separate Field Planting Report Forms for different street addresses.
- **This form is due within 15 days following the first day of each planting. THIS FORM IS NOT DUE QUARTERLY.**
- If you will NOT plant at a licensed Field Location ID, a **“NO Planting” report is due by July 31**, by completing the Location ID information in Question 2, and checking the “NO Planting” box in the far right column.
- **Make sure you completely spell-out the variety name—do NOT nickname or shorthand the variety name!**
- Submit this report form electronically to: Industrialhemp@agriculture.arkansas.gov

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

1) Indicate Registered Growing Street Address for this planting report:

2) Planting Address (MUST Match Address on GROWER Application)	City	Zip	County

Complete the following table for Field Location IDs. Refer to page 2+ of Grower License for Location ID names.

NOTE 1: The Location ID MUST match the Location ID name listed within your application or on Page 2+ of license certificate.

NOTE 2: If a field contains multiple varieties/strains, enter each variety and acreage information on separate rows.

NOTE 3: Source of Seeds or Transplants is the company or entity you received the seed or transplants from.

Location ID (MUST match Licensed Location ID)	Hemp Variety / Strain (Spell-out complete variety name)	Planted: Seeds or Transplants	Source of Seeds or Transplants*	Area Planted (acres)	Primary Intended Purpose of Crop (Grain, Fiber or Floral)	Date Planted	Expected Harvest Date	Check if this is a replant	Check if NO Planting will occur
Ex: Field 11A	Ex: Hemp18	Ex: Seeds	Ex: Great Farms	Ex: 25 ac	Ex: Fiber	4/5/18	10/10/18		

*For Seed/Transplant Source, indicate where YOU received the material from, which may be another Dept. license holder, or a seed/clone supplier.

3) Do you intend to plant additional hemp at this address this year? YES NO

If "Yes," explain:

4) If you only planted a portion of the licensed field(s), attach an updated version of the map for this address. Include the following new information on the map.

- Circle only the area planted in each field.
• If not planting in a licensed field location, mark an "X" through the field where hemp will NOT be planted. Also, remember to write the Location ID for this no-plant field in the table on Question (2) and the "No Planting" column.

5) For the field planting(s) documented in this report, you must also report your intended (planted) hemp crop acreage to your local county Farm Service Agency (FSA) office. Have you reported your intended (planted) hemp crop acreage planting information documented in this report to your local county FSA office?

YES

NO

- > NOTE: For more information, contact your local county FSA-USDA office regarding crop acreage reporting using the FSA-578 form.
o To find your local county FSA office, go to: http://offices.usda.gov/ or http://farmers.gov/service-locator
o For crop acreage reporting information, go to: https://www.fsa.usda.gov/Assets/USDA-FSA-Public/usdfiles/FactSheets/2019/crop-acreage-reporting-19.pdf or https://www.farmers.gov/crop-acreage-reports
> NOTE: If you have not worked with the FSA before, you will first be asked to register an account with their office.
> NOTE: July 15 is the major FSA-USDA deadline for most crops, but acreage reporting deadlines vary by county and by crop.
> NOTE: The acreage information you report to the FSA-USDA is extremely important to the future of this program in Arkansas and could potentially affect Arkansas hemp farmer's eligibility for participating in USDA key programs in the future.

By signing my name below, I attest that I am the license holder or a signing authority of the license holder to submit this report 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



PLANT INDUSTRIES DIVISION

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