



# ARKANSAS DEPARTMENT OF AGRICULTURE PLANT INDUSTRIES DIVISION

Rev: 11/2020

## 2021 Indoor/Greenhouse Planting Report Form

OFFICE USE ONLY

- This form is required for every licensed Greenhouse/Indoor Location ID.
- Refer to Page 2+ of license certificate for all Greenhouse location IDs.
- This form is **due within fifteen (15) days of first planting** in an empty structure (First Planting Quarter).
- After the First Planting Quarter Report, this form is **also due on the last day of each quarter** (Mar. 31, June 30, Sept. 30, Dec. 31), **whether you have live plants in the approved indoor growing location, or not.**
- If no further production will occur in the location this year, you may submit multiple quarters on the same report. Document this information in Question 2 and Question 3.
- One street address per planting report; account for all indoor/greenhouse location IDs associated with all approved street address locations.

|   |                          |
|---|--------------------------|
| <b>License Holder:</b>                          | <b>Grower License #:</b> |
| <b>Name of Signing Authority (if business):</b> |                          |
| <b>Email:</b>                                   | <b>Phone:</b>            |

**1) Indicate Registered Growing Address for this report:**

| Planting Address<br>(MUST Match Address on <i>Page 2+ of Grower License</i> ) | City | Zip | County |
|---|------|-----|--------|
|   |      |     |        |

**2) Indicate Quarter(s) for this report:** First Planting / Q1 Mar. 31 / Q2 June 30 / Q3 Sept. 30 / Q4 Dec. 31

**3) If you have not and will not plant/propagate or maintain live plants at this address for remaining quarters, indicate those here:** Q1 Mar. 31 Q2 June 30 Q3 Sept. 30 Q4 Dec. 31

**4) Complete the table below. Indicate new plantings during this quarter.**

**(example: Q1 Report = new plantings from Jan 1 – March 31, Q2 Report = new plantings from April 1 – June 30, etc.)**

**NOTE 1:** The Location ID MUST match the ID listed on Page 2+ of Grower License.

**NOTE 2:** Keeping potted plants outside next to a greenhouse is only permitted temporarily for specific reasons.

**NOTE 3:** One Variety per row, completely spell-out variety names.

| Location ID<br>(MUST match Location ID on page 2+ of license) | Hemp Variety / Strain<br>(spell-out complete variety name) | Planted: Seeds, Cuttings, or Transplants. | *Source of Seeds or Planting Stock | Area Planted (Sq. Ft.) | Date Planted or Seeded | Check if <b>NO</b> plants this quarter | Intended use for plants (Floral, Grain, Fiber) |
|---|--|---|------------------------------------|------------------------|------------------------|--|--|
| <i>Ex: GH12</i>   | <i>Ex: CBD 1</i>   | <i>Cuttings</i>                           | Ex: Hemp Seeds                     | <i>Ex: 30 sq ft</i>    | <i>Ex: 4/5/18</i>      |  | <i>Ex: Floral</i>                              |
|   |  |   |                                    |                        |                        |  |  |
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\*For Seed/Planting Stock Source, indicate where YOU received the material from, which may be another AR license holder, a seed/clone supplier, or from cuttings onsite.

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5) Indicate all transfers of transplants or planting stock to or from other licensees from your registered Greenhouse location IDs for this quarter. If moving transplants to field location ID, a Field Planting Report must be filed.

| Variety / Cultivar<br>(One per Row) | Number of Transplants | Date Transferred    | Recipient                                    |
|-------------------------------------|-----------------------|---------------------|--|
| <i>Ex: CBD 24</i>                   | <i>Ex: 12,000</i>     | <i>Ex: 4/5/2018</i> | <i>Ex: Transfer to J. Smith License#H100</i> |
|                                     |                       |                     |  |
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|                                     |                       |                     |  |
|                                     |                       |                     |  |
|                                     |                       |                     |  |

6) Indicate the current inventory, quantity, and variety of plants for all greenhouse location IDs on site during this quarter. (example: Q3 Report: inventory & quantity from July 1 – September 30, Q4 Report: inventory & quantity from October 1 – December 31, etc.)

| Location ID<br>(Must match licensed Location ID) | Variety / Cultivar<br>(One per Row) | Number of Plants      | Area<br>(Sq. ft)       |
|--|-------------------------------------|-----------------------|------------------------|
| <i>Ex: GH12, rows 2-8</i>                        | <i>Ex: CBD 1</i>                    | <i>Ex: 125 plants</i> | <i>Ex: 1,250 sq ft</i> |
|  |                                     |                       |                        |
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7) Attach additional sheets as necessary. If additional sheets are attached, indicate total number of sheets attached:

By signing my name below, I attest that I am the license holder or one of the signing authorities authorized to sign on behalf of the license, and that this information is accurate and complete to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ If this address also has field production, you must also submit a separate **Field Planting Report** form.

Submit electronically to: [Industrialhemp@agriculture.arkansas.gov](mailto:Industrialhemp@agriculture.arkansas.gov)