



2021 Harvest Request Form

OFFICE USE ONLY

- **Do not harvest any hemp plots or any hemp material until the Department has collected pre-harvest compliance samples of each hemp plot.**
- This request form is **due at least 15 days prior to harvesting a hemp plot.**
- This request form is intended for **ONE street address**. If you have other street addresses with plots that need to be harvested, fill out this request form for each additional street address.
- Following the submission of this request form, a Department inspector will contact you to schedule an appointment to collect pre- or post-harvest compliance samples.
- Once the Department collects compliance samples for your requested plot(s), **your harvest(s) must be completed within 15 days, keeping each harvested plot separated.**
- **Do NOT wait beyond 15 days to harvest plots after the Department has pulled compliance samples. Refer to Section 10 of Program Rules, as well as the Program’s 2021 Sampling & Testing SOP guidelines.**

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

1) Indicate harvest request type (pre-harvest or post-harvest):

NOTE: Pre-Harvest means crop is unharvested and still growing. Post-Harvest means material is harvested & is currently being stored/dried, ready for resampling/retesting by the Dept. A Post-Harvest request also means you have received noncompliant test results from a pre-harvest test from the Dept.

Field/Outdoor (Pre-Harvest) Greenhouse/Indoor (Pre-Harvest) **Post-Harvest Resample**

2) Indicate Registered Growing Address (Pre-Harvest) or Storage Address (Post-Harvest) for this request:

| Growing <u>OR</u> Storage Address (MUST Match Address on Page 2+ of Grower License) | City | Zip | County |
|--|------|-----|--------|
| | | | |

3) Provide information on requested plot(s) for harvest in the table below:

| Location ID <small>(MUST match Location ID on Page 2+ of License)</small> | Hemp Variety / Strain <small>(Spell-out complete variety name)</small> | Acres / Square ft. in this harvest | Primary Harvest Production Type <small>(Grain, Fiber, Floral)</small> | Expected Initial Harvest Date <small>(If post-harvest request checked in question 1, "N/A")</small> | Expected Harvest Completion Date <small>(NO MORE than 15 days later; "N/A" if post-harvest request)</small> | Will this be a complete harvest of this plot?* | |
|--|---|--|--|--|--|--|----|
| <i>Ex: Field 2</i> | <i>Ex: Hemp18</i> | <i>Ex: 10 ac</i> | <i>Ex: Floral</i> | <i>Ex: 8/15/18</i> | <i>Ex: 8/21/18</i> | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |

Attach additional sheets as necessary. *If all industrial hemp harvests are not represented on this form, **future harvests must be requested on additional forms.**

4) Were any pesticides used on the hemp before or after planting? YES NO

If "Yes," indicate product name: _____

5) Is any harvest listed in Question (3) of floral material? YES NO

- If "Yes", note that you are prohibited from co-mingling or moving your harvest plot(s) from its storage location or Arkansas until you have received acceptable and compliant test results from the Department.

6) Are the harvested industrial hemp materials to be transported offsite? YES NO

If "Yes," indicate licensed location: _____

7) Indicate if you have any other industrial hemp growing on your property. 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 destructing any hemp material.

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



PLANT INDUSTRIES
DIVISION

Arkansas Department of Agriculture
 Hemp Research Licensing Program
 1 Natural Resources Drive
 Little Rock, Arkansas 72205
www.agriculture.arkansas.gov