Asa Hutchinson
Governor

ARKANSAS DEPARTMENT OF AGRICULTURE

1 Natural Resources Drive, Little Rock, AR 72205
agriculture.arkansas.gov
(501) 225-1598

Wes Ward
Secretary of Agriculture

HEMP MATERIAL TRANSFER FORM

The transferring company attests the material meets the definition of hemp in their state and that the transferor and the receiver are current hemp license holders in their respective states. The following documents shall accompany this form:

1. A copy of the transferor's and the receiver's hemp license
2. Documentation from the transferor's state hemp program authorizing the movement of the hemp products.
3. An official laboratory analysis of the hemp showing the total delta-9 THC level.

THE TRANSPORTER WILL MAKE THIS DOCUMENTATION AVAILABLE FOR INSPECTION BY ANY AGRICULTURE DEPARTMENT OR LAW ENFORCEMENT OFFICER.

Submit documents by email to: Industrialhemp@agriculture.arkansas.gov

1. TRANSFERRING COMPANY INFORMATION – The transferor will complete sections 1 & 2 and submit this form to the Arkansas Department of Agriculture (ADA). **NO MOVEMENT IS AUTHORIZED UNTIL A TRANSFER APPROVAL ID NUMBER HAS BEEN ASSIGNED.**

Industrial Hemp License Number:		**Phone Number:**	
Company Name & Address			
Transfer Date Information:	BEGINNING DATE:	ENDING DATE:	
Type of Hemp Material(s) Being Transferred:		**Quantity:**	
Container Type:			
Receiving Company License Number:		**Receiving Company Contact Person:**	
Receiving Company Name:		**Receiving Company Phone:**	
Receiving Company Address:			
Person Authorizing the Transfer:	Print Name:	Sign Name:	

2. TRANSPORTATION COMPANY INFORMATION -

Transporter/Carrier Name:		Method of Transport:	
Transporter Name:		Transporter Signature:	

3. ARKANSAS AGRICULTURE DEPARTMENT – (OFFICE USE ONLY IN RED BOX)

APPROVAL DATE:		**ADA Initials**	Transfer Approval ID #:
Arkansas Department of Agriculture Approving Agent:			

4. RECEIVING COMPANY INFORMATION – The receiver will return this form to the Arkansas Department of Agriculture after the shipment is received and inventoried. Failure to complete this process may preclude the RECEIVER from further involvement with the Arkansas Industrial Hemp Program.

Received Materials listed above:	☐ YES ☐ NO	If no, describe discrepancy:	
Beginning Date Received:		Ending Date Received:	
Recipient's Hemp License #:		Company Name:	
Authorized Recipient's Name: (Print Name)		Signature:	