

ARKANSAS DEPARTMENT OF AGRICULTURE

PLANT INDUSTRIES DIVISION

2024 FIELD PLANTING REPORT

OFFICE USE ONLY

- Within 15-days of planting a lot at a Field Location ID, Growers shall FIRST contact their local county FSA office to report and certify hemp crop acreages
 - using the FSA-578 FORM prior to submitting this form to the Department. CLICK HERE FOR FSA CROP ACREAGE INFO
- Attach a copy of your completed FSA-578 FORM to be submitted to the Department with this Field Planting Report Form. Lots reported to FSA must match lots reported on this form.
- The AR Hemp Program will NOT sample or test any hemp lots if a location has not been assigned an FSA lot number.
- 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 your Location IDs.
- This form is due to industrialhemp@agriculture.arkansas.gov within 15 days following the first day of each planting. Only submit this form AFTER an FSA-578 FORM has been filed with your local county FSA office.
- 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!

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

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

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

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

NOTE: Attach a copy of your FSA-578 Form and provide the FSA lot number for each lot in the table below. If you have not reported your lot plantings to your local county FSA office, you will be unable to complete this form.

Location ID Name	Hemp Variety Name	*PLANTED: (S) or (T)	**Source of Planting Stock Material	Area Planted (acres)	Intended Purpose: Grain, Fiber, or Floral	Planted	Expected Harvest Date	this is a	Check if NO Planting will occur	FSA Lot Number: (Farm #) – (Tract #) – (CLU/Field #)
Ex: Field #1	Ex: Hemp V1	Ex: S	Ex: Hemp Seed LLC	Ex: 1 AC	Ex: Floral	6/1/22	10/15/22			Ex: 1234-98765-11
Ex: Field #2	Ex: Hemp V2	Ex: T	Ex: Hemp Clones LLC	Ex: 2 AC	Ex: Fiber	6/5/22	10/15/22			Ex: 1234-54897-19

^{*(}S) = Seeds, (T) = Transplants, Rooted Cuttings, Propagules, etc.

^{**}Indicate where seed or transplants where received, which may be another hemp license holder, or a seed/transplant supplier.

3)	Have you posted Field Plot Signage at each planted Field Location ID?	YES	NO					
4)	Do you intend to plant additional hemp at this address this year? If "Yes," explain:	YES	NO					
5)	 5) 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. 							
6)	Have you reported your <u>intended</u> (planted) hemp crop acreage planting informa local county FSA office?	tion docum	ented in this report to your					
	YES NO							
A A A A	 To find your local county FSA office, go to: https://www.farmers.gov/working-with-us/service-center-locator For crop acreage reporting information, go to: https://www.fsa.usda.gov/Assets/USDA-FSA-Public/usdafiles/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: You MUST submit the FSA-578 Form to your local county FSA office every time you plant a new lot at a licensed location. 							
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.								
P	Printed Name:							

Email to: Industrialhemp@agriculture.arkansas.gov

Date:

Signature:



Arkansas Department of Agriculture

Arkansas Hemp Program
1 Natural Resources Drive
Little Rock, Arkansas 72205
www.agriculture.arkansas.gov/hemp-home