



## 2024 GREENHOUSE/INDOOR PLANTING REPORT

OFFICE USE ONLY

- If you **WILL** be harvesting a lot from within a licensed Greenhouse/Indoor Location ID, within 15-days of planting that new indoor/greenhouse lot, 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 AR Department of Agriculture. [CLICK HERE FOR FSA CROP ACREAGE INFO](#)
- **Attach a copy** of your completed FSA-578 FORM if are reporting lots to be harvested out of your licensed Greenhouse Location ID. Lots reported to FSA must match lots reported on this form.
- The AR Hemp Program will **NOT** sample or test any indoor hemp lot if an indoor lot has **NOT** been assigned an FSA Lot Number.
- If you will only be using the licensed Greenhouse/Indoor Location ID for temporary purposes, such as for planting ‘start’ material, *the indoor lot does NOT need to be registered with FSA*. Whomever receives the lot and will be harvesting the lot **MUST** register the lot with FSA within 15-days of planting.
- Once appropriate lots are reported to FSA via the FSA-578 FORM, 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 **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 listed on page 2 of your license certificate.

<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 <small>(MUST Match Address on Page 2+ of Grower License)</small>	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** lot plantings during this quarter.**

**NOTE:** *If you will be harvesting lots from within the greenhouse location, please attach a copy of your FSA-578 FORM, and provide the FSA lot number for each lot below.*

Location ID Name	Hemp Variety Name	*Planted: (S), (T), or (C)	**Source of Planting Stock Material	Area Planted (in Sq. Ft.)	Date Planted or Seeded	Check if <b>NO</b> plants this quarter	Intended Purpose: Grain, Fiber, or Floral	†FSA Lot Number, if applicable: (FARM #) – (TRACT #) – (CLU/FIELD #)
<i>Ex: GH12</i>	<i>Ex: Hemp V1</i>	<i>Ex: S</i>	<i>Ex: Hemp Seeds LLC</i>	<i>Ex: 100 sq ft</i>	<i>Ex: 4/5/18</i>		<i>Ex: Floral</i>	<i>Ex: 1234-98765-11</i>

\* (S) = Seeds, (T) = Transplants, or (C) Cuttings. One letter (S, T, or C) per lot or ‘row’ on the table above.  
 \*\*Indicate where seeds or transplants were received, which may be another license holder, a seed/clone supplier, or on-site.  
 † If a lot **WILL** be harvested from the Greenhouse location, an FSA lot number is **mandatory**. If the lot will **NOT** be harvested from the greenhouse and is intended for transplanting to a registered Location ID or being sold to another licensee, indicate “N/A”.

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 Form* must be submitted.

Hemp Variety Name (One per Row)	Number of Transplants	Date Transferred	Recipient
<i>Ex: Cherry CBD Variety 1</i>	<i>Ex: 12,000</i>	<i>Ex: 4/5/2018</i>	<i>Ex: J. Smith License# H100</i>

6) Indicate the **current inventory**, quantity, and variety name of lots for ALL greenhouse location IDs on site during this quarter.

Location ID Name <i>(Must match licensed Location ID name on license certificate)</i>	Hemp Variety Name (One per Row)	Number of Plants	Area (Square Feet)	FSA Lot Number, if applicable: (Farm #) – (Tract #) – (CLU/Field #)
<i>Ex: GH12</i>	<i>Ex: CBD 1</i>	<i>Ex: 125 plants</i>	<i>Ex: 1,250 sq ft</i>	<i>Ex: 1234-98765-12</i>

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)

