



# 2024 HARVEST REQUEST FORM

OFFICE USE ONLY

- **Do not harvest any lot or plant material until the Department has collected appropriate compliance samples of each lot.**
- This request form is **due at least 15 days prior to harvesting a hemp lot.**
- This request form is intended for **ONE street address**. If you have other street addresses with lots 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 lot(s), **your harvest(s) must be completed within 30-days, keeping each harvested lot separated and labeled, per Arkansas Hemp Law.**
- Do **NOT** wait beyond 30-days to completely harvest lots after the Department has pulled compliance samples. Refer to Section 10 of Program Rules, as well as the Program’s latest Sampling, Testing, Remediation & Disposal guidelines.

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

1) Indicate harvest request type (pre-harvest or post-harvest, **ONLY CHECK ONE HARVEST REQUEST TYPE PER FORM**):

Field/Outdoor (Pre-Harvest)
Greenhouse/Indoor (Pre-Harvest)
Post-Harvest Remediation

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. <b>in this harvest</b>	FSA Lot Number: <small>(Farm #)-(Tract #)-(CLU/Field #)</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 30 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: 1234-987-1A</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. All planted hemp plots must have an associated Harvest Request Form or Destruction Request Form before the end of the season.

8) If this is a post-harvest request, how was the harvested noncompliant cannabis material remediated?

NOTE: Review the latest Sampling, Testing, Remediation & Disposal Guidelines Document, posted on the Hemp Program's webpage.

REMEDIATION METHOD #1 -

(Homogenization of Biomass)

REMEDIATION METHOD #2 -

(Floral Material Separated & Removed)

N/A – PRE-HARVEST

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](mailto:Industrialhemp@agriculture.arkansas.gov)



Arkansas Department of Agriculture

Arkansas Hemp Program  
1 Natural Resources Drive  
Little Rock, Arkansas 72205  
[www.agriculture.arkansas.gov](http://www.agriculture.arkansas.gov)