ARKANSAS DEPARTMENT OF AGRICULTURE
PLANT INDUSTRIES DIVISION

2024 HEMP PROCESSOR-HANDLER PRODUCTION REPORT
(END-OF-YEAR REPORT)

- This completed report is due by **DECEMBER 31ST, 2024**.
- This form is due for all Hemp Processor-Handlers approved and licensed in the 2023 AR Hemp Program.
- Only completed & signed forms will be accepted.

OFFICIAL USE ONLY:

LICENSE HOLDER/COMPANY NAME:	PROCESSOR-HANDLER LICENSE #:
SIGNING AUTHORITY NAME:	
E-MAIL ADDRESS:	**PHONE #:**

1) Provide the primary processing/handling address and primary county of operation.

STREET ADDRESS	
ARKANSAS COUNTY	

2) Indicate the scope and focus of your hemp processing/handling operations in 2024 (check all that apply):

> **Grain**
> **Fiber**
> **Floral Material, including CBD, other phytocannabinoids, terpenoids, or any other extracts**
> **Handler** (indicate handler type below)
>> **Analytical Lab**
>> **Broker**
>> **Seed Cleaner**
>> **Other Services Provided (indicate type):**_____

3) If processing for CBD/floral extraction, what type of extraction methods were used in your processing operations in 2024?

_____

4) Indicate the amount ($) of your gross product sales in the last 12 months to the nearest $1,000:

_____

5) If you are a handler only and do not have product sales, provide your gross revenue amount ($) for services provided in the last 12 months to the nearest $1,000: _____

6) Indicate the amount ($) of capital investments for your hemp operations (equipment, land, buildings, etc.) in the last 12 months to the nearest $1,000: _____

7) Indicate the total amount ($) you paid to Arkansas hemp growers in the last 12 months to the nearest $1,000: _____

8) Indicate the number of full-time equivalent jobs created in 2024 by your hemp operations: _____

9) Indicate the total number of employees (full-time equivalent) currently employed by this license holder for their hemp operations: _____

10)   Approximately how many pounds of hemp material did your operations process or handle in 2024?

_____ **lbs**

By signing below, I attest that I am the License Holder, or a signing authority of the License Holder, and that this information is accurate to the best of my knowledge. I further acknowledge that providing false or misleading information to the Department's AR Hemp Program may result in enforcement action against me by the Department, which may result in license suspension or revocation.

_____   _____

PRINTED NAME & DATE   SIGNATURE