



Industrial Hemp Harvest Report

Div. of Plant Industry
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*Attach a field map to the back of this form designating
varietal separation for use of inspector

Please complete the form in its entirety. Incomplete or illegible forms received will be returned. This report must be completed and submitted 20 days prior to anticipated date of harvest. The submission of this report will initiate an inspection of industrial hemp crops approved by the New York State Department of Agriculture and Markets.

No plants shall be destroyed or moved without prior approval from the Department. Once analysis from the lab has resulted in THC concentrations below the approved threshold (0.3% THC on a dry weight basis), harvested material may be moved at the producer's own risk.

Producer Information

Business/Institution Name: _____ Registration Number: _____
Address: _____ City: _____
State: _____ Zip Code: _____ County: _____ GPS Coordinates: _____
Person Responsible for Management of Hemp Research: _____
Email: _____ Telephone: _____

Cultivation Information

Location Address: _____ City: _____
State: _____ Zip Code: _____ County: _____ GPS Coordinates: _____
Production Size (__ acres __ sq. ft.): _____ Indoor Outdoor
Date of Planting: _____ Harvest Date: _____
If crops have died or were harvested for other use, please explain: _____

Varieties grown and seed source: _____

I attest, to the best of my knowledge, that the following statements are complete and true (initial):

_____ All crop(s) reported in this Industrial Hemp Harvest Report are of the variety and/or cultivar that have been reported as planted, and were planted within the location of the acreage or sq.ft. as stated within the submitted program application.

_____ I intend to use the harvested crop in a legal manner and will provide details regarding harvested use within the final report.

_____ I understand that the submission of this form and a subsequent inspection is mandatory.

Signature

Date